U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
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National Survey of the Aged

National Survey of the Aged

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EXECUTIVE SUMMARY

NATIONAL SURVEY OF THE AGED

Administration on Aging
U.S. Department of Health and Human Services
June 1981

Preface

The Administration on Aging and the Social Security Administration jointly funded a National Survey of the Aged in 1975. A full report on the survey was made to the Administration on Aging in 1978, and a report on certain special aspects of the survey was made to the Social Security Administration in 1977.

The present Executive Summary is based on the 1978 report to the Administration on Aging. Its production at this time has been made possible through the efforts of John Skinner and K.A. Jagannathan of the Administration on Aging. I am grateful for their understanding and generous assistance.

Stephanie Kalfayan and Christa Alvarez have helped in the preparation of this summary report. The patience and goodwill with which they undertook their assignments is much appreciated.

Ethel Shanas
May, 1981

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Professor David Street, Head, Department of Sociology, University

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Gloria Heinemann has had a major share in the development of this project from its very beginning. Her assistance throughout various stages of operation has been invaluable. She is the author of Chapters V, VI and VII of this report and of Appendix A on Sampling Design and Sampling Errors. Shirley E. Whitfield has typed and retyped the final report and tables.

Funding for this project was shared by the Administration on Aging and the Social Security Administration. The understanding and cooperation of the staff of the Administration on Aging, David Dowd, Projects Officer, Alfred E. Duncker, Byron Gold, Harry Posman, and Martin Sicker, and of Henry P. Brehm, Chief, Research Grants, Office of Research and Statistics, Social Security Administration, have made this project possible.

The 1962 data used in this report were collected and analyzed by the principal investigator on grants M-5630 of the National Institute of Mental Health, and CH00054 of the Community Health Services Division of the Bureau of State Services of the United States Public Health Service. Some of the data have been used in comparisons with findings from Denmark and Great Britain in Ethel Shanas, Peter Townsend, Dorothy Wedderburn, Henning Friis, Paul Milhøj and Jan Stehouwer, 1968. Old People in Three Industrial Societies. New York: Atherton Press; London: Routledge and Kegan Paul.

A NATIONAL SURVEY OF THE AGED

INTRODUCTION

This report is a summary of the findings of a national survey of the non-institutionalized population of the United States aged 65 and over in 1975. In this country, 65 is the usual age at which people are "officially old." An individual may be considered "middle-aged" up to his sixty-fifth birthday but once he reaches that day, he becomes old. Sixty-five is now the age at which, under existing Social Security legislation, full retirement benefits are payable to workers, the age at which federal Health Insurance, Medicare, becomes operative, and the age at which most persons who are still employed are expected to give up working. Reaching age 65 for most persons, like graduating from high school, getting married or becoming a parent, is a day to remember. It is a day which for most Americans is a day of transition from one stage of life to another, a passage from middle-age to being a "senior citizen."

"Senior citizens," persons aged 65 and over, are increasingly visible in the United States. Since the turn of the century there have been both more of these persons each decade, and they have comprised a greater proportion of the population. At the beginning of the 20th century in 1900, there were about three million people aged 65 and over in the United States or about four per cent of the total population. At that time, one of every twenty Americans was an old person. By 1960, there were

about 17 million people aged 65 and over, in 1970, 20 million, and in 1975, 22.5 million or about ten per cent of the population. By 1975, when this survey was undertaken one of every ten Americans was officially an old person. The numbers of old people had increased by about a half million persons a year in the first five years of the decade of the '70's.

Goals of the National Survey

The National Survey of the Aged had two major goals:

1) To describe the population aged 65 and over in 1975 and to indicate the extent to which those in this age group are sick or well, isolated or surrounded by family, poor or able to manage financially. One of the goals of this survey then was the collection of national estimates of salient characteristics of the elderly.

2) To collect information that could be used to measure change in the situation of the elderly between 1962 and 1975. A national survey of the non-institutionalized population aged 65 and over had been made in 1962. In the 1975 survey, the respondents were asked questions comparable to those used in 1962 and their answers were tabulated in similar ways. Since both surveys used national probability samples it is thus possible to compare the health, family relations and income status of the elderly in these two time periods.

Methods Used in the Survey

In probability surveys such as this, every eligible person, in this case every non-institutionalized person in the United States, aged 65 and over, has a pre-determined chance of being located. Not every eligible person is located by the investigators, however, and some small proportion of those located cannot be interviewed. For practical purposes, however, it may be assumed that the findings reported here are a kind of snapshot of the situation of the non-institutionalized elderly population in 1962 and again in 1975. Institutional living, whether in a home for the well aged, a nursing home or a long-term care facility, is not common among old people in the United States. In 1975 at any one time about five per cent of the elderly were residents in institutions. In 1962, at any one time, four per cent of the elderly were residents of institutions.

Survey Findings

The findings to be discussed in this report will focus on four major topics: the health of the elderly, their family life, their work and retirement, and their income and assets. These areas have been selected for study and analysis because they encompass the major concerns of both elderly people and the society at large.

Older Americans, like other Americans, want to be well. In the United States to be ill is "inherently undesirable" (Parsons, 1958). The health of the elderly is of major concern, however, not only to old people themselves, but also to society. The physical and social psychological status of old people is reflected in the needs for health services, health

facilities and personnel. In this report a comparison is made of the health status and health attitudes of the elderly in 1975 and 1962, their use of health and related social services, and the role of the family as a resource in the provision of health care.

The family, however organized, is the basic primary group for the individual in all societies. The child is born into a family and interacts with his family throughout his life. Family interaction, or its lack, is as important in old age as in youth. In this report there is an analysis of the family structure of the elderly, a description of their living arrangements, and some consideration of the relationship of old people and their children. Family life in the United States is organized around the couple, usually a husband and wife. In old age, however, aged widowed and single persons predominate, many of whom live alone. Because old people living alone constitute a group with special needs, a detailed discussion of their situation is presented.

For most adults work is not only a way of earning a living it may also be the locus of their social life, the source of their sense of self-worth, and the only way they know how to fill their day and thus to organize their time. Many persons stop work before they reach the age of 65, others retire once they are 65 and entitled to full Social Security benefits. Some continue to work past the usual retirement age. This report includes a description of the present work status of the elderly population, their attitudes toward their work, both present and past, and their desire for gainful employment.

Finally, the report summarizes the survey findings on the income and assets reported by the respondents in 1975 and 1962. Because

subjective feelings about adequacy of income may differ from the opinions of outside analysts, a comparison of old people's evaluation of their financial status at these two time periods is presented and discussed.

A Comparison of Old People in 1962 and 1975

The 13 years between 1962 and 1975 have seen important developments in official government policy vis-a-vis the elderly. In that period the Congress has enacted Health Insurance for the Aged, Medicare, and a medical program for the poor, Medicaid, has expanded the services and opportunities available to old people through the Older Americans Act, and eliminated the welfare category of Old Age Assistance and replaced it by Supplementary Security Income under the Social Security Act. A whole host of special programs in housing, transportation, and community services designed to improve the life of older people have been introduced throughout the country in response to legislative mandate and the availability of federal funding.

Between 1960 and 1970, the two decennial census years closest to the survey dates, the population aged 65 and over increased by about three million persons or about 17 per cent. The over 85 age group, however, the most frail group among the elderly, increased by about 52 per cent. The proportion of the elderly in institutions rose by only one per cent, during this time period, from four to five per cent, but those over 80 in institutions increased from one of every 12 in this age group to one of every eight. The survey samples, based as they are on the non-institutionalized population, therefore, underrepresent the very old many of whom are in institutions. The very old in the community, however, are

represented in the survey in their expected proportions.

A full discussion of the sampling methods used in the 1975 survey as well as estimates of sampling errors for the 1975 survey appear in the complete report of the project.

THE HEALTH OF THE ELDERLY

The health status of the elderly is of concern to old people themselves, to their families, and to society at large. Health and illness affect an individual's life in every way. For most adults illness is destructive to their usual social roles. For the person, if he or she is employed, illness means that he can no longer work or that he must modify his work schedule. If he or she is keeping house, illness means that someone else must do the housework, the shopping and the cooking.

Americans are always "well." One need only think of the social query "How are you?" to which the usual answer is "Fine," even though the respondent may be noticeably suffering from some physical ailment. Older Americans, like other Americans, want to be "well," and "independent." Poor health at any age, however, increases dependency. The sick older person who may already feel that he has been relegated to a less than full adult role as a "senior citizen," finds himself with physical problems at a time when his self-esteem as well as his energy is lessened.

The health of the elderly is also a concern of their families. When old people are ill they turn to their families for both physical care and for assistance in their daily activities. The care-giving function of the family, however, is limited by the other responsibilities of family members whether these members be spouse, adult child, or other relative. A husband or wife is often restricted in how much physical care they can actually give a sick spouse. For persons who seek help from adult children, the other demands on these children from their own families, their work, and their social commitments, limit both the amount of time and the kind of services that can be given to aged parents.

The health of the elderly is also a concern of society. In the United States, Americans, whether young or old, want the best possible health care when they are ill. The economic costs of such care are very substantial. In 1973, shortly before this survey was made, health expenditures, both public and private, were almost eight per cent of the gross national product. A large segment of these health expenditures, particularly public expenditures, are made on behalf of the elderly. In 1965 the Congress enacted into law Title XVIII of the Social Security Act, a program of health insurance for the elderly, commonly known as Medicare. This program which went into effect in 1966 was designed to cover expenditures for the health care of persons aged 65 and over. The health insurance scheme has two parts: A and B. Under Part A this legislation provides payments for hospital care, for post-hospital extended care, for care in skilled nursing facilities and for certain home health visits. Part B covers payments to physicians for services outside of hospitals and certain other out-of-hospital costs. Most long-term care for the elderly is not covered under this legislation, but under a companion program of medical assistance, Title XIX of the Social Security Act, Medicaid, which functions through a cost-sharing program between the federal government and the 50 states and is available only to persons with incomes below certain levels. At the time of the second survey reported here, in 1975, the enrolled aged population in Part A, health insurance, was about 22.5 million persons or almost all the persons aged 65 and over; those enrolled in Part B were somewhat fewer, about 97 per cent of all eligible persons. The delivery of health care to these millions of people is expensive in terms of facilities, manpower, and other societal resources (Gornick, 1976).

This report focusses on three aspects of the health of the elderly: (1) a measure of their health status; (2) the importance of subjective attitudes in health and functioning; and, finally, (3) a discussion of the caretakers of the elderly sick. Because the Medicare legislation became effective in 1966, four years after the 1962 survey and nine years before the 1975 survey we can investigate whether Medicare made a difference in each of these areas, that is (1) whether it made a difference in how old people function, (2) whether it made a difference in how old people feel about their health, and (3) whether Medicare and other social programs of health services have made a difference in the provision of direct services to the elderly sick. The focus of this section of the summary report will be the health status of the elderly. Here we want to know how well older people function; the characteristics of the incapacitated elderly; and the relationship between age and health.

Findings

There is no major change between 1962 and 1975 in the proportion of old people who are bedfast and housebound at home. These persons were eight of every 100 elderly in 1962 and ten of every 100 in 1975. In both 1962 and 1975 about twice as high a proportion of old people were bedfast and housebound at home as were in institutions of all kinds. The institutional population at any one time in 1962 is estimated at four per cent, in 1975 at five per cent.

The elderly who are restricted in mobility are defined to include the bedfast, the housebound and those who can go outdoors only with difficulty. There was no major change between 1962 and 1975 in the proportion of the elderly restricted in their mobility. In 1962 about 11 of every 100

persons had restrictions on their mobility; in 1975 14 of every 100 persons had restrictions on their mobility. Women were more likely than men to report such restrictions. These differences between men and women may be expected since infirmities which restrict mobility are more usual among the very old. There are two men for every three women in the population aged 65 and over, only one man for every two women in the population over age 85.

The ambulatory and housebound elderly were asked about their ability to perform six physical tasks related to self care. The old person was asked specifically (1) Can he go out-of-doors? (2) Can he walk up and down stairs? (3) Can he get about the house? (4) Can he wash and bathe himself? (5) Can he dress and put on shoes? And, finally, (6) Can he cut his own toenails? The answers to these questions may be scored in terms of whether the person can do them without difficulty, with minor difficulty or only with the help of another person. The resultant overall score can be used as an index of incapacity. About seven of every ten persons in both 1962 and 1975 reported no restrictions on their ability to perform any of these tasks.

The incapacitated aged among the ambulatory and housebound, those with the highest scores on the index of incapacity, were about two in every 100 in 1975, or from 1/2 to 3/4 million persons. These incapacitated persons are more likely to be women than men, to be aged 80 and over, and to be unmarried.

In both 1962 and 1975 the proportion of persons who said they had spent time in bed at home during the past year because of illness was the same, one of every four. In both surveys, about one of every three persons had seen a doctor during the month before they were interviewed.

The most incapacitated among the aged were more likely to have recently seen a doctor in 1975 than in 1962. Six of every ten had seen a doctor during the preceding month in 1975, five of every ten in 1962.

One of every 100 persons in 1975, two of every 100 in 1962, said that they had fallen during the last week. The estimated number of old people in the community in 1975 who said they fell was about 210,000 persons.

The number of persons who need care at home can be variously estimated. There are from 1 million to 3 million older people who need care at home. Using the 1975 non-institutionalized population as a base the estimates range from a low figure of about 850,000 persons, if one includes only those bedfast persons who were interviewed and those housebound and ambulatory persons with the highest incapacity scores; to a medium figure of 2.1 million persons if one includes all bedfast and housebound persons located whether interviewed or not; and to a high figure of 3 million persons if one includes all bedfast and housebound persons interviewed and all ambulatory persons who can go outdoors only with difficulty.

HEALTH AND HEALTH ATTITUDES

The health of any person may be described and evaluated from either of two perspectives: that of the physician or other health professional, and that of the person himself. The physician describes the health of his patient in terms of the presence or absence of pathology. The patient, however, makes his own assessment of his health. Sometimes he agrees with the physician, at other times his self-assessment of how well or how sick he is differs from the assessment made by his doctor. Numerous studies have focussed on the congruence between physician and patient assessment of health, and on whether physician assessment or patient assessment is a better predictor of the individual's behavior related to health.

Elderly persons like young persons make their own assessments of their health. Some persons say they are well, others say they are sick. We lack medical information about the respondents in our surveys. Hence, we cannot compare physician and patient reports. We can point out those factors, however, which seem to be associated with self-reports of good or poor health and indicate some of the relationships between such assessments and other behavior.

Studies of selected populations indicate that in about two of every three instances there is congruence between physicians' and patients' health assessments. George Maddox and his colleagues at Duke University compared the results of physicians' assessments of the health of elderly volunteer subjects with the latter's self-assessment. The Duke investigators found that roughly two of every three subjects had a "reality orientation in their subjective evaluation of their health" (1964). In these older

persons there was general agreement between physician and subject assessment. Maddox categorized the one-third of his subjects who deviated from the physician assessments as either health optimists, those who thought their health was better than the physician's assessment, or health pessimists, those who thought their health was worse. The optimists were found to be older, relatively active, and male (1962; 1964). Shanas and her colleagues in their three country study of old people (1968; 1974) also described their health optimists as older, relatively active, and more likely to be male.

Maddox and Douglass have made a thoughtful analysis of whether the physician's or the subject's assessment is a better predictor of the subject's behavior (1973). Analyzing data from their longitudinal study of volunteer subjects, these investigators report that an individual's own assessment of his health as "good" or "poor" is a better predictor of his usage of physicians from one time period to another than is the physician's assessment of the individual's health at the first time period. In their study population self-assessment of health had a greater influence than physician's assessment on health behavior.

In the present section we review our findings on the self-assessment of their health by older people. We first consider whether those measures of functional status, i.e., mobility and the index of incapacity, discussed earlier are good predictors of a person's self-evaluation of his health. If functional status predicts how individuals evaluate their health, measures of function may be useful surrogates for physicians' examinations (see Piotrowski, 1970). We then go on to consider those attitudinal items which seem to correlate with a self-evaluation of health as "good" or "poor." These items include self-reports of loneliness, the relation-

ship of the old person to others, and the old person's perception of himself as a young or old person. Because we are interested in the reliability of self-reports of health as first, a single item indicator of health status, and second, as a predictor of certain attitudes of the elderly, wherever possible we will compare the results of the 1962 and 1975 surveys.

Findings

An elderly individual's self-evaluation of his health is a useful single item indicator of his health status. His evaluation of his health is also a clue to his attitudes, whether he will say that he feels lonely, alienated and friendless.

The majority of the elderly in the United States see themselves as "well" not "sick." In 1975 more than half said their health was good, about a third said their health was fair, and only about one-fifth said their health was poor. These were exactly the same proportions reported by the elderly in the 1962 sample.

Old people compare their health with their immediate age peers, the 65 year olds with other 65 year olds, the 80 year olds with other 80 year olds. Even at the ages of 80 and over, in both 1962 and 1975 half of the elderly living in the community said their health was good. The peer comparisons of these old people include their contemporaries who may be in institutions or friends or relatives who have died.

Old people are realists about their health. The more mobile the old person, the less incapacitated he is, the less he reports sensory impairments, the more likely he is to say his health is good. Among the

housebound only one in ten in 1975 says his health is good and half say their health is poor. In 1962, one in six housebound persons said his health was good, and two-thirds said their health was poor. In both 1962 and 1975 half of all ambulatory persons, however, said their health is good, only one in eight said his health is poor.

People who said their health was good were less likely than those who described their health as "poor" to report visits to physicians. In 1975 one-fourth of those in good health compared to half of those in poor health saw a doctor the month before they were interviewed.

The aged who reported that their health was poor appear to be the most alienated persons among the elderly. Self-reports of poor health are associated with reports of loneliness, with statements that time passes slowly for the respondent, and even with descriptions of the neighbors as people who keep to themselves. In both 1962 and 1975 seven of every ten persons whose health was poor compared with four of every ten in good health in 1962 and five of every ten in good health in 1975 said they were often or sometimes lonely. In both surveys persons who said their health was poor were more likely than those in good health to say that time passed slowly for them, six of every ten of those in poor health compared to three of every ten of those in good health in 1962, five of every ten of those in poor health compared to about one in every ten of those in good health in 1975.

In the 1975 survey respondents were asked to describe the visiting patterns of persons in their neighborhoods. About eight of every ten persons in poor health compared to seven of every ten persons in good health said that the neighbors "kept to themselves."

Persons in poor health are sure their health is worse than that of other people, persons in good health are sure their health is better than that of other people. In both 1962 and 1975 half of those in poor health said that their health was worse than that of others. On the other hand, three of every four of those who believe they are in good health said their health was better than the health of other people.

Some people aged 65 and over describe themselves as "middle-aged." Others say that they are "old." Describing oneself as being in poor health is associated with calling oneself "old." Half of those in poor health, compared to one-fourth of those in good health, think they are old. Persons in good health are more likely than those in poor health to describe themselves as middle-aged. Half of those in good health, compared to only one-fourth of those in poor health, say they are middle-aged.

HEALTH AND WELFARE SERVICES AND THE FAMILY

Rapid social change has been a distinguishing feature of American life since the turn of the century. With the 20th century, more and more persons moved from rural farms and small towns to cities. At the same time, the early years of the 20th century saw the arrival of a wave of immigrants, mostly Europeans, seeking the opportunities of the "new" land. Changes occurred in the physical, economic and social environment in which older people found themselves. These changes affected all aspects of the life of the elderly: their living arrangements, their economic support, their family relationships, and the delivery of their health care. Many functions which in an earlier less industrialized time were primarily family responsibilities have become the responsibilities of government, or shared functions of the family and governmental units.

One of the major responsibilities of the family in earlier times was the care of its sick members. The elderly sick were taken care of at home by their relatives. Not all people had families to take care of them, however. To serve these persons, the poorhouse and the county poor farm were established in many parts of the country. Various religious groups took as their mission the development of housing and hospitals for the elderly.

At the present time, in contrast to this earlier era, there are a variety of health services available to meet the needs of the sick and frail aged. In part the growth of these health services reflects the social changes attendant on the industrialization and urbanization of the United States. Further, the number of old people in this country

were few at the beginning of the 20th century compared to the present. The growth of health services since the early 1900's has paralleled the growth in the numbers of the elderly.

The presence and visibility of these health services -- nursing homes, day care centers, home care, and visiting nurses, among others -- have tended to reinforce the popular image of the family as only a bystander in the care of the elderly sick. As is so often the case when popular belief is subjected to the test of evidence, the facts are quite different from popular imagery. The development of bureaucratic support systems has not eliminated the role of the family as either the caretaker of the aged sick or the helper of the frail elderly. Indeed, the findings of both the 1962 and 1975 surveys indicate that the family is the major caretaker of the sick elderly in this country, as well as a major source of assistance with the personal care and the household tasks which some old people find difficult or impossible.

In the ten years that elapsed between 1962, the year of the first survey, and 1973, public and private health expenditures in the United States rose threefold from 30 billion to 94 billion dollars. The proportion of the gross national product (the total value of all goods and services produced during the year) spent on health rose from about six per cent to eight per cent. By 1975, the year of the second survey, the nation was spending 103 billion dollars for personal health care for its citizens of which about 30 billion dollars was spent for older persons (U. S. Department of Health, Education and Welfare, 1976; 1978).

The most reliable reports of persons in residential and nursing homes are those of the Decennial Census of the population. In the ten years between the 1960 and 1970 Census, the <u>number</u> of elderly persons in resi-

dential and nursing homes more than doubled. During this same period, the use of general hospitals rose sharply. Much of this increase in hospital usage reflects a rise in the hospitalization of old people. In 1973, two years before the second survey, about 113 of every 10,000 older people were estimated to be in the hospital on an average day. These old people occupied approximately a quarter of a million general hospital beds (U.S. Bureau of the Census, 1976b, Table 131).

The findings reported here on the utilization of hospitals and physicians come from household surveys in which the elderly speak for themselves. In such household surveys a number of persons who would be interviewed if they were home cannot be interviewed because they are in hospitals; others, located at home, cannot be interviewed because they are too sick to speak to an interviewer. Both of these groups of "lost" respondents are likely to be heavy users of medical care. The reported findings on the utilization of both hospitals and physicians given here therefore tend to be an underestimate of the actual use of hospitals and doctors by the community-resident elderly.

In this section we give the respondents' reports of hospitalization and the utilization of physicians; discuss the care of the bedfast elderly at home; report the provision of services for housebound and mobile aged persons when they become ill; and outline the nature of family assistance with personal care and household tasks.

Findings

A higher proportion of interviewed old people in 1975, compared to 1962, said they had spent some time in the hospital during the year before their interview. The rate of reported hospitalization based on

the 1975 interviews was 180 per 1,000 interviewed persons. The United States National Health Interview Survey in 1976 using comparable interviewing methods reported a hospitalization rate of 183 per 1,000 interviewed persons aged 65 years and over (U.S. Department of Health, Education and Welfare, 1977, Table 16). While the total number of discharges of old people from hospitals was greater than this, about one third of these discharges represented multiple hospital episodes of the same person. In 1962 the hospitalization rate was 130 per 1,000 interviewed persons. The reports of hospitalization of the elderly for 1962 just as for 1975 are in general agreement with independent estimates of hospitalization rates made at about the same time (Shanas, et al., 1968).

Ninety-seven per cent of all persons who were hospitalized in 1975 said that they were insured under Medicare and 67 per cent of all persons said that they had private hospital insurance. Two of every three persons hospitalized during 1975 then had private health insurance as a supplement to their National Health Insurance. The National Health Interview Survey in 1974 collected this information for all older people, whether hospitalized or not. Reporting for all persons aged 65 and over, the National Health Interview Survey indicated that 93 per cent of the elderly said that they had Medicare coverage and 58 per cent had private hospital insurance (U.S. Department of Health, Education and Welfare, 1977a).

Physician visits to the elderly at home declined between 1962 and 1975. About one-fourth of all old people in both surveys said that during the previous year they had spent at least a day in bed because of illness. In 1962 half of these persons who were ill at home were visited by a doctor. In 1975, however, only about one in seven of those ill at home was visited by a doctor. In contrast, about one of every four of those ill at home

in 1962 was hospitalized during the year; by 1975, the proportion of those hospitalized rose to one of every three.

The proportion of old people with recent visits to doctors has remained much the same over the 13 year period. About a third of all persons said that they had seen a doctor in the month before they were interviewed. Those persons who were housebound or who could get about only with difficulty were more likely than persons without restrictions on their mobility to report that they had recently seen a doctor.

There was a major change between 1962 and 1975 in the proportion of persons who had not seen a doctor for as long as a year or more. Three of every ten persons in 1962 compared to two of every ten in 1975 had not seen a doctor for more than a year.

Lack of money is the major reason why people postpone both medical and dental care. About four per cent of all older people not in institutions in 1975, roughly 850,000 persons, said that they put off needed medical treatment because of lack of money; about seven per cent of these non-institutionalized elderly, about 1.5 million, said that they put off dental care because of lack of money.

The family is the major source of assistance to the elderly when they are ill, and the major provider of those personal services which make it possible for old people to continue to live in the community.

Three per cent of all persons located in the 1975 screening sample, and two per cent of those interviewed, were bedfast. Of all aged living in the community the bedfast are in the greatest need of supportive health and welfare services. Two of every three among the bedfast were neither visited regularly by a doctor nor did they have a regular doctor they

could call on. Only about one in five was regularly visited by a nurse. The major caretakers of the bedfast were their husbands or their wives. In 1975 compared to 1962, adult children were less involved in the care of the bedfast. There are more reports of paid helpers supplying care and services in 1975 than there were in 1962.

About one of every four persons who were either ambulatory or housebound reported that he or she had spent at least a day in bed because of illness during the preceding year. The major source of help for older men who were ill was their wife, for older women, their major source of help was children, whether in or outside the household. These reports reflect the difference in marital status between elderly men and elderly women. Most older men, about three-fourths are married, but most older women, more than half, are widows.

Their families are the chief sources of help to older people for both personal care and household tasks. Eight per cent of the ambulatory and housebound elderly were either completely unable to wash, bathe or dress themselves, or had difficulty with these tasks, 21 per cent were either unable to cut their toenails or had difficulty with this task. Three per cent of the elderly could not prepare a cup of coffee for themselves without difficulty and eight per cent could not prepare a meal for themselves.

FAMILY STRUCTURE AND FAMILY RESOURCES IN OLD AGE

The majority of elderly persons are neither isolated nor disengaged from their immediate families and other more distant kin. In the sections of this report which are concerned with the family life of elderly persons, we take the position that the family of the aged can best be characterized as a kinship system -- a network of mutual supports among individual households of persons related by blood and marriage. This network extends not only across households but also across generations of related kin and functions noncoercively for its members. Its tasks complement those of both the individual households of related kin and of other social systems such as the health and occupational systems (Litwak, 1969; Sussman and Burchinal, 1962a).

The major acitivities carried on in the kinship system are twofold: mutual aid and social activities. The activities of this kinship network have implications for the functioning of other systems in our society. Family members, for example, are increasingly functioning as links between the elderly person and the bureaucratic agencies providing services for the elderly. This involvement of the family with bureaucracy has the potential of making service agencies more receptive to human desires and human needs (Shanas and Sussman, 1977).

Among middle and working class families, the family network is used as a major source of help during periods of difficulty, crises, and on ceremonial occasions and holidays. Aid is sought first from the most immediate kin and then from more distant relatives. Some differences along

social class lines do exist in regard to types of help provided. Middle class families are able to exchange more financial aid than working class families while the latter, because their family members often live in closer proximity, are able to exchange more services and routine visits than are middle class families. Regardless of social class, interactions between family members tend to be affectionate in nature and based upon participation by choice. Modern communication and transportation facilitate the contacts and exchanges among family members of this kinship system.

Demographic changes in population characteristics and vital rates have important effects on family structure and family resources. Increased life expectancy, differential longevity for men and women, and other demographic variables related to the family life cycle have a direct impact on the family life of older people.

The population aged 65 and over has increased markedly since the turn of the century. At that time there were some three million elderly persons, about four per cent of the total population. In 1975, the 22.5 million elderly make up between 10 and 11 per cent of the total population (U.S. Bureau of the Census, 1976a; Myers and Soldo, 1977). Persons born around 1900 could expect to live around 47 years; by 1973 life expectancy had increased to 71 years (U.S. Department of Health, Education and Welfare, 1975).

Not only is our population living longer, but the difference in life expectancy between men and women has increased substantially. Men born at the turn of the century had a life expectancy of 46 years and women born at that same time, approximately 48 years. Today the average man can expect to live about 68 years and the average woman 75 years -- a difference of about seven years in favor of women. These changes in

longevity have extended the family life cycle into old age. Widowhood occurs later in life and has become an anticipated stage in the family life cycle, especially for women.

In this section we examine the family structure and family resources of elderly persons. The structure of the family network of the old person depends upon the number, sex, and marital status of an individual's relatives. An understanding of the family structure of elderly persons provides us with a sense of the kinds of resources available to them for mutual exchange of help and support. Therefore, in this section we review the number of generations in the family, the marital status of the elderly, and the presence of children and other relatives in the family network. In the next section we concentrate on the living arrangements of the elderly and the proximity of the elderly to their children.

Findings

Findings from the 1962 and 1975 national surveys indicate that the elderly are not isolated and alone. Rather, they have a variety of relatives who serve as potential sources of support in the family network.

Four of every five elderly persons in both surveys are members of multi-generation families. Only one old person in five is childless.

In 1975, among elderly persons with children, nine of every ten are grandparents, four of every ten are great-grandparents.

Most older men are married, most older women are widows. In 1975, eight of every ten older men were married, but only four of every ten older women were married. By age 80, seven of every ten older men are

still married, but less than two of every ten older women.

Four of every five elderly persons have at least one living brother or sister.

The presence of at least one child and, some would argue, of at least one daughter, appear to be necessary to integrate the old person into the family network. Daughters are more likely than sons to assume care-giving functions to older parents. Elderly persons reported families of fewer children in 1975 than in 1962. Five of every ten persons with children in 1975 compared to four of every ten in 1962, had only one or two children. In 1962, somewhat more than eight of every ten elderly persons with children had at least one daughter, by 1975 this proportion dropped from 83 to 77 per cent.

In both 1962 and 1975, some three per cent of the elderly had no spouse, children or siblings. Persons without spouse, children or siblings appear to be the least strongly tied to the family network. However, they are not necessarily without family resources. They may have collateral kin (cousins, nieces, and nephews) who substitute as sources of support compensating for their lack of children, grandchildren and siblings. This pattern of substitution is seen most often among the older, more vulnerable elderly (Rosow, 1967, 1970; Shanas, et al., 1968).

LIVING ARRANGEMENTS OF OLDER PERSONS AND THEIR PROXIMITY TO ADULT CHILDREN

Illness, infirmity, and death of one's age peers -- both relatives and friends -- increase with age. People adapt to these losses which accompany growing old, however, especially when family resources are available to them. The widower may remarry; the elderly woman who has never married may live with a sister; and the feeble elderly person may move in with or live close to an adult child.

The living arrangements of older persons, their proximity to family members outside the household, and their contacts with and exchange of services with related persons serve as indicators of the functioning of the kinship system as a provider of social support to the elderly.

In our society persons aged 65 and over want to be independent. Their living arrangements clearly reflect this desire.

In this section we report on: the effects of marital status, sex and age on the living arrangements of the elderly; the living arrangements of the parents of persons aged 65 and over; the relationship between living arrangements and incapacity of old people; the length of residence of old people in their present household; and their physical proximity to their adult children. Details of kinship interaction and family help patterns are given in the next section.

Findings

The living arrangements of an older person are affected primarily by his marital status, whether he is married or unmarried, and then by his sex and age. More financial resources and possibly better health

enable the elderly to live in somewhat more independent surroundings in 1975 than they did in 1962. In 1962, the majority of married elderly (about eight of every ten) shared a household with a spouse only. By 1975, this proportion of elderly couples living alone with no one else in their household rose to close to nine of every ten.

The most obvious change in living arrangements between the two surveys, however, came among the unmarried elderly, -- those who had never married, the widowed, the divorced and the separated. In 1962 about five of every ten of these persons lived alone. By 1975 this proportion rose to close to seven of every ten. At the same time the proportion of unmarried elderly living with an adult child, whether the child be married or unmarried, declined by half, from 34 per cent in 1962 to 17 per cent in 1975.

The very old unmarried person, those 80 plus, are far less likely to live alone than the younger unmarried person, for example, six of every ten very old people lived alone in 1975 compared to seven of every ten persons aged 65 to 69. Three of every ten unmarried old persons aged 80 and over compared to one of every ten aged 65 to 69 live with adult children.

Unmarried old women are more likely than old men to live with adult children. Between 1962 and 1975 there was a decline in siblings living together. In 1975 persons who had never married were nine times more likely than persons who were widowed, divorced or separated to live with a brother or sister. In 1962, persons who had never married were 12 times as likely to live with a brother or sister.

An estimated four of every 100 non-institutionalized persons aged 65 and over in 1975 had living parents. Three of every 100 had only a

a surviving mother, one of every hundred only a surviving father, and something less than one of every hundred older persons have both their parents alive. Half of all surviving mothers of persons over 65 live with one of their children. About a fourth live alone or with a spouse and about a fourth are in a nursing home or home for the aged.

Unmarried persons with greater incapacity as measured by the scale discussed earlier are more likely to live with their children than unmarried persons with less incapacity.

Most old people are not movers. Five of every ten married persons and four of every ten unmarried persons have lived in their present households 20 years or more. Among the unmarried however, half of those who share a household with an adult married child have only lived in such a household five years or less. The data suggest that this type of living arrangement, an old person sharing a home with a married child, is an aftermath of widowhood or ill health.

Although living with children is less common in 1975 than in 1962, old people continue to live in close proximity to adult children. Men and women are equally likely to live close to children, and as age increases so, too, does the likelihood of the old person living with a child or within 10 minutes distance of a child. Thus, although independent living among persons 65 and over, is more feasible for them in 1975 than in 1962, children and other relatives live close by and serve as resources and supports for such aged persons.

FAMILY CONTACTS AND FAMILY HELP PATTERNS IN OLD AGE

The kinship system of modern American society is characterized by visiting among kin and by mutual help patterns between households of related persons in various stages of the family life cycle. Adult children visit their parents, either on a regular schedule, on holidays, or irregularly as common interests may require. Older parents visit with their adult children on the same basis. Where family members live together they rely heavily upon one another for a variety of supportive functions, and the quality of their relationships may be more intense than that of kin living in separate households. Those family members, whether old or young, living in separate households, however, are not isolated one from the other as was once believed. While industrialization and urbanization may have separated family members physically from one another, modern methods of communication and transportation serve to bring family members together. The telephone brings relatives from across the continent into the same room, the automobile brings suburban adult children to big city older parents and small town parents to big city adult children, the airplane reduces the length of journeys from weeks to hours.

Kin relationships are not dependent on common households or physical proximity but on the socio-emotional distance between relatives which enables them to call on one another in case of need (Shanas, 1973). Help and service across generations of related kin is a prominent feature of family life in our society (Sussman and Burchinal, 1962a, 1962b). As adult children begin families of their own, they often come to better understand and appreciate their parents. Aging parents continue to provide

various kinds of assistance to adult children and are eager to maintain ties with grandchildren. Ties of both affection and economics link the generations of a family and stabilize their relationships (Sussman, 1953). The network of contacts and exchanges among family members across households and across generations is one of the major systems of support for individuals in our society today.

The findings reported in this section concentrate first on the pattern of contacts between elderly parents and their children. Then, there is a summary of the extent of mutual help between elderly persons and their descendants, their children, grandchildren and great-grandchildren.

Findings

Four of every five persons aged 65 and over have living children. More than half of these persons with children in both 1962 and 1975 either lived with one of these children or saw one of them within the 24 hours before they were interviewed. The proportion of persons with children who had seen a child within the last 24 hours declined between 1962 and 1975, however, from 65 per cent to 53 per cent.

In 1975 compared to 1962 visiting between elderly persons and their children was more likely to have occurred during the week or month before the interview rather than on the same or previous day.

Approximately one of every ten persons with children in both 1962 and 1975 had not seen any of their children for more than a month.

The age of the elderly person influences how frequently he or she sees a child. Very old persons are more likely than the younger elderly to be widowed, infirm or to have low incomes. Thus, they are more likely to depend on their children to meet some or all of their needs. In 1962,

persons 75 and over and in 1975 persons 80 and over were more likely than the younger elderly to have seen one of their children within the 24 hours before their interview.

Overnight visits between elderly persons and their adult children were frequent in both 1962 and 1975. Roughly four of every ten of the elderly with children who live outside the parental household had either stayed overnight with a child or had a child stay overnight with them in the preceding year.

Widowed persons were more likely than married persons to stay overnight with a child, while married persons were somewhat more likely than widowed persons to have a child stay with them. This difference is largely due to the fact that many widowed persons live in small quarters.

Brothers and sisters are an important social resource in old age. Four of every five persons aged 65 and over have living siblings.

Three of every ten persons with surviving siblings had seen a brother or sister the week before they were interviewed.

Among elderly persons with siblings who had not seen a brother or sister during the preceding week roughly four of every ten in 1962 and three of every ten in 1975 had seen at least one of their siblings within the past eight to 30 days.

Seven of every ten persons, both men and women, who have never married report seeing a sibling during the week before their interview. Sibling interaction is especially common among those elderly persons who have never married (Shanas et al., 1968).

One of every four persons who either had no children or who lived apart from their children saw none of their relatives during the week before they were interviewed.

In 1975 and 1962 about one of every 100 non-institutionalized persons aged 65 and over said that they had neither children, nor siblings, nor other relatives. Roughly a quarter of a million among the non-institutionalized elderly in 1975 then had no family resources.

The degree of incapacity of older persons influences the extent of their contacts with their children. The more severe the incapacity of the old person the greater the likelihood that he or she will have seen a child during the past 24 hours. Weekly visiting which is common among the elderly and their children is more often for purposes of social exchange, while daily contact with a child when it is reported, is often related to meeting some of the needs of the parent generation.

Help to children and grandchildren by old people increased between 1962 and 1975, and in 1975 a significant proportion of the elderly reported helping great-grandchildren as well. Seven of every ten persons with children or grandchildren reported giving help to these younger persons, five of every ten persons with great grandchildren reported helping them.

About the same proportion of elderly in 1962 and 1975, seven of every ten, reported receiving help of some kind from children. In 1975 compared to 1962, however, a smaller proportion of the elderly reported that they received financial help from children. The flow of help is from the younger elderly to their children, and from their adult children to the very old.

The elderly provided gifts and money to children, grandchildren and great-grandchildren more often in 1975 than they did in 1962.

The changes in family relations and exchange patterns among the elderly and their children between 1962 and 1975 reflects their improved economic status and increased independence. Family relations between

the elderly and their children in 1975 appear to be more reciprocal in nature than they were in 1962.

ISOLATION IN OLD AGE

A major interest in studies of the elderly is the extent to which old people are isolated. Service programs stress their delivery of services to those old people who are presumed to be isolates. For some persons the elderly in contemporary society are seen as set apart from the stream of adult life. Old people are not really adults with "full status" like the middle-aged. Rather, they are "seniors" and as such they differ in kind from other adults. For those with this point of view a determination of just how many older people are isolated is essential for providing some justification for their beliefs about older people. Those persons responsible for providing services to old people, however, have a greater need for some estimation of the extent of isolation among the elderly. Such an estimate is essential so that service providers can make a realistic assessment of the numbers of old persons who might be in need of special services which arise from their isolated condition.

Many of the discussions of isolation among the elderly assume that persons living alone are isolated. The isolated person can be described as someone who experiences feelings of loneliness and feelings of alienation, and who desires more interaction with other persons than he may now have. Living alone is not necessarily a concomitant of isolation. Many older persons living alone, like many younger persons, are neither lonely nor alienated. Some among them have active social lives despite their living arrangements. Others may feel no special need for more interaction with other persons. Their psychic feelings and the extent of their interaction with other persons may be more important than their living arrangements in identifying the isolated elderly (Tunstall, 1966).

It is difficult to develop quantitative measures of isolation. Situations which one person might find distressing and conducive to feelings of loneliness might be accepted by another person as quite usual and non-stress producing (Tunstall, 1966). The data gathered in this research project enable us to report certain objective circumstances of peoples' lives -- whether they live alone or not, and the extent to which they interact with others. These objective descriptions may be correlated with self-reports of loneliness to give us some clue as to the extent of isolation among the elderly.

This section presents in summary form an overview of persons who are often described as being isolated: persons who live alone; persons who report they are often alone; and persons who have no families or if they have relatives have seen none among them recently. The section also includes a discussion of old people living alone and of loneliness among such persons.

Findings

If living alone is considered a measure of isolation then the isolation of the elderly has increased between 1962 and 1975. The proportion of old people living alone, particularly among older women, has risen substantially in the years since 1962. Overall, for both men and women, the number of persons living alone rose from two of every ten to three of every ten. In 1962, about three of every ten women lived alone, in 1975 about four of every ten women lived alone.

Old people who live alone are the most likely of all elderly persons to say that they are often alone. This may be expected since living alone will result in periods without human companionship.

Unmarried persons (the never married, widowed, separated and divorced) whether they live alone, with their children or with other persons, are more likely than married persons to say that they are often alone. Some of these reports reflect the sense of loss experienced by the widowed.

The data also indicate that persons with marked limitations on their physical capacity are more likely than other persons to report that they are often alone.

The proportion of the elderly who report feelings of loneliness is unchanged between 1962 and 1975. About one in four persons says that he or she is sometimes or often lonely.

Four of every ten widowed persons say they are sometimes or often lonely. Women are more likely than men to say they are lonely. This might be expected since a higher proportion of women than of men are widowed.

For old people living alone the amount of daily interaction with other persons has declined slightly since 1962. From six to nine people of every hundred in 1975 compared with four of every hundred in 1962 said that they had no interaction with other persons on the most recent weekday or Sunday before their interview. Two of every hundred old people, irrespective of their living arrangements, reported no human contact during the most recent weekday before their interview, and three of every hundred reported that they had no human contact the previous Sunday. These proportions translate into roughly something less than a half million to close to two-thirds million elderly persons with no recent human contact.

Between 1962 and 1975 there was marked rise in the proportion of the elderly, irrespective of their living arrangments, who said they were often alone, from about two of every ten in 1962 to about three of every ten in 1975.

Women were more likely than men to say that they are often alone. In 1975, four of every ten women compared to two of every ten men said they were often alone. Again, this may reflect the high incidence of widowhood among elderly women.

In both 1962 and 1975 about two of every three persons living alone were the parents of children. About half of all elderly parents living alone lived within ten minutes' or less journey from their nearest child.

Elderly fathers who lived alone were less likely than elderly mothers to live within ten minutes of a child and somewhat more likely to live at an hour's or more journey from their nearest child.

Four of every ten parents living alone saw at least one of their children the day they were interviewed or the day before. Women were more likely than men to have recently seen one of their children.

Old people living alone reported having regular visitors, among them friends, neighbors and relatives, and reported visiting these friends, neighbors and relatives in their turn. The very old, those over 80, were the most likely of all elderly to report visitors and the least likely to report visiting.

Neighbors are a major social resource for old people living alone. About a third of old people living alone were visited by neighbors the last weekday before they were interviewed; about a fourth had neighbors visit the previous Sunday. Neighbors are more likely than friends to be among the visitors to those who live alone.

Most elderly persons see their neighborhood as one where people keep to themselves. Only one of every three elderly persons in 1975 describes his neighborhood as one where people often visit.

It is loss, real or perceived, that creates a feeling of loneliness and this loss is greatest among those who have previously had an intimate relationship with another person. Among unmarried persons, those who have never married are less likely than those who are widowed to say that they are lonely.

Among widowed persons with children those who either live with a child or who saw a child in the 24 hours before their interview are less likely to say they are lonely than widowed persons with children who did not see one of their children.

The more incapacitated the old person the more likely he was to report himself as lonely. There is a high correlation among reports of loneliness and reports of being often alone among incapacitated old people.

Reports of subjective feelings of isolation rise from age cohort to age cohort. The proportion of people who say that time passes slowly for them, or that they are often or sometimes lonely rises from about one in four at ages 65 to 69 to one in three at ages 80 and over.

The effect of age on isolation is complicated by the physical condition of the respondent. Those among the very old who are in good health are no more likely than the younger aged to report that time passes slowly for them or that they are often lonely. The non-incapacitated over eighties are like those under 80 -- about a fifth say that time passes slowly, about a fifth say they are lonely. It is the frail person among the very old who is apt to feel most isolated.

WORK AND RETIREMENT

Both the varieties of work which people perform and the conditions of work vary enormously. The chairman of the board of a large corporation and the man loading a truck for that corporation, for example, are both workers. The tasks these men do may differ, but each of them is an employee engaged on a job. The hours and conditions of work also differ from one job to the next. Some persons work for only part of each day or have long periods between work assignments, others work long hours. The members of an airline flight crew, for example, may have several days off in a row, while the farmer during the harvesting season may put in long hours from dawn to dusk. People may work in isolation or surrounded by other people. The writer at his desk is alone, the sales person on the job has constant interchange with others. Yet all of these persons, board chairman, truck loader, airline flight crew, farmer, writer, salesperson, are workers engaged in some occupation.

Most adults in the United States depend on the income from work for their subsistence. Retirement, then, with the giving up of work, affects the income of the worker. It also usually affects his opportunities for social involvement, and brings about a change in his scheduling of activities, and often in his style of life (Shanas, 1972). One who has been engaged in a job with other persons, the salesperson, for example, may find himself alone. Someone whose time has been organized around a "nine to five" work schedule finds himself with empty time. And, most persons who give up work must face living on a reduced income.

In this section we compare the work and retirement experiences of men in 1962 and 1975, and of retired men and retired women in 1975. In

1962, the proportion of older women who were retired workers was small and their numbers in the sample did not permit analysis. In 1975, however, the proportion of older women who were retired workers was substantial and the characteristics of these women will be given here.

At the time of this survey most persons in the United States were expected to retire from work when they reached the age of 65. At 65 full benefits are payable under the Social Security system and most private pension plans and insurance annuities are written so that they are coordinated with Social Security.

Many persons do not retire from work at age 65, however. Some leave work at earlier ages, while others continue to work until their seventies and eighties.

In this research, all persons who worked during the week before their interviews, irrespective of the numbers of hours they were employed, and all persons who said they were seeking work were considered to be in the labor force. The labor force, then, includes part-time workers, persons who describe themselves as temporarily unemployed, and seasonal workers who may have been job seekers at the time that they were interviewed.

Since the beginning of the twentieth century the proportion of men over 65 in the labor force has declined steadily, interrupted only by an upsurge in the employment of these men during the Second World War. There are several major reasons for the decline in labor force participation by older men. First, there was a change in the sort of work available to such men. Many of the jobs they had held were in agriculture and the number of such jobs dropped sharply. The self-employed farmer who could keep working no matter how old he was vanished in the first half of the century. In industry, fewer jobs were available for persons with limited

education or without special training. Older workers without such training became unemployable. Then, too, jobs once available to men became jobs for women. General office work, for example, became a woman's job almost exclusively. Many new industries, such as electronics, hired women for their assembly lines. Second, the availability of government retirement benefits and of private pension schemes legitimized retirement both for workers and for industry. Persons who wished to stop work could do so knowing that they would receive some sort of income. Industry, for its part, could turn over its work force by requiring workers to retire at a certain age.

The survey sample, in both 1962 and 1975, adequately represents the older population by age groups. It is therefore possible to make a detailed analysis of age cohorts within the labor force and in retirement. Since the experience of age cohorts differs, this type of analysis will be made here. Three major topics are discussed in this section: the labor force participation rates for age cohorts among both men and women; the characteristics of retired persons and the attitudes of persons in retirement; and finally, the special characteristics of those still at work.

Findings

About 23 per cent of all men aged 65 and over in 1975 compared to 32 per cent in 1962 were still in the labor force. About 9 per cent of all women in 1975 were still in the labor force.

Women not in the labor force in 1975 were divided almost equally between retired workers and housewives. The latter were women who had never worked or had not worked at all since the age of 50.

Many retired men and women in 1975 had given up work after a period of intermittant employment or no employment at all. Fourteen per cent of all retired men and 17 per cent of all retired women said that in the last year before their retirement they worked only part of the year.

Those who remain at work past the usual retirement age often have made some change in their occupation in order to keep working. Sometimes, they have taken lesser skilled jobs; at other times, they have taken part-time or less demanding jobs. When asked whether the work they did now was the kind of work they usually did only half of those over age 65 still at work in 1975 said "yes."

Analysis of the labor force participation of persons over 65 are often confounded because the age group over 65 includes two generations, the "young-old" and the "old-old." These age differences are especially noticeable in the age distribution of those over 65 who are working and those who are retired. Men and women who are still employed after the age of 65 are likely to be the "young-old." Those who are retired are more likely to be the "old-old." Among those still working, half are under 70 years of age; among the retired, however, only about one-third are under 70.

Participation in the labor force changes from one age group to another. Such changes were more apparent in 1962 than in 1975. In 1962 as many as one-half of all men aged 65 to 66 were still in the labor force with only a slow decline in participation rates until the ages 75 to 79. In comparison with 1962, early retirement, that is retirement from work before reaching the age of 65, had become an accepted pattern among American workers in 1975 and continuing to work past 65 was becoming

increasingly unusual. Only 31 per cent of the men 65 to 66 were in the labor force in 1975.

The participation of women in the labor force was affected by their marital status. Unmarried women compared to married women were far more likely to continue at work after age 65. In successive age groups, beginning with age 67 to 69, twice as high a proportion of unmarried women as of married women continued to work.

There seemed to be two groups of retired persons, those retired for something less than three years, and those retired for more than three years. In 1975, four of every five retired men and seven of every eight retired women had been retired for longer than three years.

Both short-term and long-term retirees reported earlier retirement ages in 1975 than they did in 1962. The average age of retirement reported for men in 1975 was 65.3 years. In 1962, it was 67.4 years.

Retired women in 1975 were even more likely than men to report they had retired before the age of 65. The average age of retirement reported for women was 63.3 years.

Six of every ten retired women compared to about four of every ten retired men in 1975 said that they had retired before the age of 65. Most retired persons said that they retired voluntarily not because they had reached a compulsory retirement age.

Poor health was the major reason men gave for their retirement. The more incapacitated men among the retired were the most likely of all retirees to say that they had retired for health reasons.

There was a marked rise between surveys in the proportion of men who said they retired because they did not want to work any longer, three

of every ten in 1975 compared to two of every ten in 1962. Harold Sheppard (1976) points out that while there seems to be a trend toward voluntary retirement, variation in willingness to retire is related not only to expected retirement income but to the nature of the work itself.

Women were far more likely than men to say that they retired because they were needed at home. Twelve per cent of all retired women in 1975 compared to one per cent of retired men gave this reason for their retirement.

The majority of the retired, both men and women, are not seriously limited in their functional capacity.

Those whose physical function is poor are more likely than those who are functioning well to say their retirement was caused by poor health.

In both 1962 and 1975 about three of every ten men said they enjoyed nothing about their retirement. A somewhat lesser proportion of women also said that there was nothing enjoyable about their retirement. The majority of the retired, however, in both 1962 and 1975 said that they enjoyed their free time and the opportunities it gave them for both rest and leisure pursuits.

Negative feelings in retirement seem to be directly related to poor health. With each rise in incapacity scores the proportion of persons who say they enjoy nothing in retirement also rises.

In both 1962 and 1975 both men and women when asked what they missed most in their retirement were most likely to say that they missed the income that came from working. In 1975 almost one and one-half times as many people miss "money" as miss their workmates, and about three times as many people miss "money" as miss the work itself.

Persons in poor health unlike other retirees are most likely to say

they miss their work, the job itself, and the people around them.

In 1975, only 7 per cent of all retired men, compared to 24 per cent in 1962, said unequivocally that they would like a job. An additional 30 per cent of retired men and 20 per cent of retired women said they would consider work under special circumstances, i.e., convenient hours, location, and so forth, but two of every three of these persons said that while they would like to consider a job their health was too poor for them to work. Sixty-three per cent of retired men and 74 per cent of all retired women said they did not want work.

Only a small proportion of persons over 65 were in the labor force in 1975. About two-thirds of these persons state that they have no intention of ever retiring. About one in ten said he was looking forward to retiring but nine in ten said they did not like the idea. Compared to the retired those persons who are still working not only have higher incomes, they are likely to be in better health. Those working are less likely than the retired to say that they are lonely, or that time passes slowly for them.

For that fraction of the elderly population engaged in volunteer work, such work apparently is therapeutic in preventing loneliness and boredom. It may be that those who do volunteer work are a self-selected group who would be neither lonely nor bored whether they were volunteers or not but this cannot be determined from the survey. About seven per cent of the elderly do volunteer work. Two of every ten of all male volunteers and less than one of every ten of all female volunteers are still working. About eight of every ten of the men who do volunteer work are retired. Among women about eight of every ten are retired workers while less than two of every ten are housewives.

THE FINANCIAL RESOURCES OF THE AGED:
INCOME AND ASSETS

Information about the economic status of the aged is essential for any understanding of the living arrangements of the elderly, and for the provision and financing of health and social services to them. Where an older person lives and whether he or she lives with or apart from his or her adult children, the major source of personal care for the elderly, often depends on the old person's economic status.

In this section the financial resources of the elderly in 1962 and 1975 are compared. During the thirteen years between the two surveys major changes occurred in the income support programs for old people in the United States. These changes were designed to improve the economic status of the elderly. The introduction of Health Insurance for the aged, Medicare, and of federal support for the medically indigent, Medicaid, removed some of the burden of the costs of health care from old people. Supplementary security income, a federally administered program, replaced Old Age Assistance, and set a lower limit for payments to the indigent aged. Between 1960 and 1975 the Social Security benefit level rose from average monthly payments of $74.04 to retired workers and $38.72 to their wives and husbands, to $207.18 paid to workers and $105.19 to wives and husbands. In the same ten year period the consumer price index rose from 88.7 to 162.8. While Social Security benefits to retired persons almost tripled in ten years, consumer prices doubled (U.S. Social Security Administration, 1976), resulting in an improvement in the financial status of the elderly when compared to other age groups.

Our analyses throughout this section are for income units: couples, unmarried men, and unmarried women, the unmarried being a categoric term used to describe the total group of widowed, separated, divorced, and single persons. The differences in economic status among these three types of units, couples, unmarried men and unmarried women are considerable, with couples tending to have higher incomes and greater assets and unmarried women tending to have the lowest incomes and the least assets.

The financial data that follow are based upon the information furnished by cooperating income units. Most persons over 65 are quite ready to give income information. Many of them are eager to explain how they manage their money now that they are no longer working, others wish to point out the difficulties of living on a fixed income. In 1962, nine of every ten couples, unmarried men, and unmarried women gave sufficient income information to be included in the analysis. In 1975, almost all couples, unmarried men, and unmarried women gave information on their sources of income, but only nine of every ten gave the dollar amounts of their income from each such source.

This section begins with a discussion of the sources of income of the elderly then goes on to consider the distribution of income, the assets of the elderly, and finally the assessment which old people make of their economic status.

Findings

In 1975 compared with 1962, a higher proportion of old persons reported income from three sources: government programs, pensions, and rent, dividends, interest and annuities. By 1975 nine of every ten income units reported receiving social security benefits. In 1962, however, seven

of every ten married couples and unmarried men, but only five of every ten unmarried women reported such benefits. By 1975 public assistance was no longer a major income source of the elderly. Instead, five per cent of the couples, ten per cent of men and 14 per cent of women said that they were receiving supplementary security income. The proportion of couples, unmarried men, and unmarried women with pensions doubled between 1962 and 1975, reaching 36 per cent for couples, 28 per cent for men and 18 per cent for women. There was a marked increase between 1962 and 1975 in the proportion of the elderly who received income from rent, interest, dividends and annuities. About one-half of each type of income unit said they received such income.

The income of the elderly is made up of payments from each of a variety of sources. The number of income sources reported by income units rose between 1962 and 1975. Eighteen per cent of all couples had income from only one source in 1975, compared to 28 per cent in 1962. Among unmarried men and unmarried women, 32 per cent and 38 per cent had income from a single source in 1975. No reports are available for 1962 on the number of income sources of unmarried men, but 50 per cent of unmarried women in that survey had only one source of income.

Although the number of income sources increased, the proportion of elderly income which came solely from government benefits also increased between 1962 and 1975. In 1975, 60 per cent of couples, 67 per cent of men, and 73 per cent of women received more than half of their income from government benefits compared to 49 per cent of couples, 66 per cent of men and 53 per cent of women in 1962.

The median money income of couples doubled between 1962 and 1975, that of unmarried men rose two and one-half times, and that of unmarried

women almost tripled. By 1975 half of all couples had less than $6,068 in income while half had more.

Median income was lower for each rise in age cohorts beginning at age 65. In 1962, the median income of couples at least one of whom was aged 75 and over was one-fifth as large as that of couples in the immediate post-retirement years, 65 and 66. Among unmarried women, the median income of those aged 75 and over was something more than a half of the income of those aged 65 and 66. In 1975, while median income still declined with age, the differences between age groups was less than in 1962. Median income for those aged 75 and over whether for couples, unmarried men, or unmarried women was about two-thirds that of those aged 65 and 66.

The major asset of the American elderly is an owned home in which they live. Eighty-three per cent of couples, 52 per cent of unmarried men and 52 per cent of unmarried women live in homes which they themselves own.

Between eight and nine of every ten elderly homeowners, exlusive of farm and ranch owners, owned their homes free and clear. Because elderly income units own their homes outright they often stay on in these homes even after changes in family composition, declines in income levels, and rises in maintenance costs and taxes may make such housing a financial burden.

The proportion of the elderly in 1975 who had lived at their present locations for less than five years was 17 per cent for couples, 33 per cent for unmarried men and 23 per cent of unmarried women. In contrast, 55 per cent of couples, 37 per cent of unmarried men and 40 per cent of unmarried women had lived in their present household 20 years or more.

Eight of every ten couples and about six of every ten unmarried men and women in 1975 reported that they had cash savings.

About one of every six couples and, one of every six unmarried men and one of every five unmarried women said that they had drawn on their assets the previous year, primarily for general living expenses or for medical and funeral expenses.

In general, the improvements in the financial situation of those aged 65 and over between 1962 and 1975 which appear in their reports of money income are not reflected in their attitudes. In 1975 as in 1962 about the same proportions of persons said their financial situation was the same, better, or worse than it had been when they were age 60. About one-half of all old people when asked to compare their financial situation at the time of the interview with their situation of age 60 said their financial situation was about the same, a third said their situation was worse, and only about one-fifth said their situation was better.

A National Survey of the Aged

Highlights

There was no major change between 1962 and 1975 in the proportion of old people bedfast and housebound at home. In both 1962 and 1975 the proportion of old people bedfast and housebound at home was twice as great as the proportion in institutions of all kinds.

The incapacitated aged among the ambulatory and housebound resident in the community in 1975 were estimated at between one-half to three-fourth million persons.

The number of persons who need health care at home is from 900,000 to 3.15 million depending on the base used for the estimates.

About one-fourth of all old people in both 1962 and 1975 said that during the previous year they had spent at least a day in bed because of illness.

An estimated one-fourth million persons had fallen during the week preceding their interviews.

In both 1962 and 1975 the majority of the American elderly saw themselves as "well," not "sick." Even at the ages of 80 and over, half of the elderly in the community said their health was good.

People who say they are in poor health are sure their health is worse than that of other people, people who say they are in good health are sure their health is better than the health of other people.

Physician visits to the elderly at home declined between 1962 and 1975.

About 4 per cent of all older people not in institutions in 1975, some 850,000 persons, said they put off needed medical treatment because of lack of money.

The family is the major source of assistance to the elderly when they are ill, and the major provider of those personal services which make it possible for old people to continue to live in the community.

Most older men are married, most older women are widows.

Four of every five of the elderly have at least one living brother or sister.

In both 1962 and 1975 about three per cent of the elderly had no spouse, children or siblings, and about one per cent had no relatives whatsoever.

Living with a spouse only, or living alone for the unmarried, were the most common life styles among the elderly.

Persons who had never married were nine times more likely than persons who were widowed, divorced or separated to live with a brother or sister.

Four of every 100 non-institutionalized persons aged 65 and over have living parents.

Four of every five persons aged 65 and over have living children. Among elderly persons with children, 90 per cent are grandparents, 40 per cent are great-grandparents.

Although living with children is less common in 1975 than in 1962 old people continue to live in close proximity to adult children. Half of all old people with children either live with a child or within 10 minutes distance. As the age of the old person increases so too does the likelihood of his or her either living with a child or within 10 minutes

distance of a child.

More than half of all persons with children either live with one of these children or saw one of them within the 24 hours before they were interviewed.

Three of every ten persons with surviving siblings had seen a brother or a sister the week before they were interviewed.

Seven of every ten persons with children or grandchildren report giving help to these kin. The elderly provided gifts and money to children, grandchildren, and great-grandchildren more often in 1975 than they did in 1962. The flow of help is from the younger elderly to their adult children, and from their adult children to the very old.

If living alone is a measure of isolation than the isolation of the elderly has increased between 1962 and 1975. The proportion of old people living alone, particularly among women, had increased substantially.

About half of all elderly parents living alone lived within ten minutes journey of their nearest child.

Unmarried persons (the never married, widowed, separated and divorced) whether they live alone, with their children or with other persons, are more likely than married persons to say that they are often alone.

About one in four persons says that he or she is sometimes or often lonely.

From one-half to two-thirds of a million old persons had no recent human contacts.

Neighbors are a major social resource for old people living alone. About a third of old people living alone were visited by neighbors the last weekday before they were interviewed; about a fourth had neighbors visit the previous Sunday.

The effect of age on isolation is complicated by the physical condition of the respondent. Those among the very old who are in good health are no more likely than the younger aged to report that time passes slowly for them or that they are often lonely. The non-incapacitated over eighties are like those under 80 -- about a fifth say that time passes slowly, about a fifth say they are lonely. It is the frail person among the very old who is apt to feel most isolated.

There was a decline in the proportion of older men in the labor force between 1962 and 1975.

Women not in the labor force were almost equally divided between retired workers and housewives who had never worked or had not worked at all since the age of 50.

Only half of those men and women still at work were working at their usual occupation.

Six of every ten women compared to four of every ten men said that they had retired before the age of 65.

Poor health was the major reason men gave for their retirement.

The majority of the retired, both men and women, are not seriously limited in their functional capacity.

Negative feelings about retirement are related to reports of poor health. With each rise in incapacity scores there is a rise in the proportion of persons who say they enjoy nothing in retirement.

In 1975, only 7 per cent of all retired men, compared to 24 per cent in 1962, said unequivocally that they would like a job. An additional 30 per cent of retired men and 20 per cent of retired women said they would consider work under special circumstances, i.e., convenient hours, location, and so forth, but two of every three of these persons said that

while they would like to consider a job their health was too poor for them to work.

The proportion of elderly income which came solely from government benefits rose between 1962 and 1975. The median money income of couples doubled between 1962 and 1975, that of unmarried men rose two and one-half times, and that of unmarried women almost tripled. By 1975 half of all couples had less than $6,068 in income while half had more.

Beginning at age 65 each rise in age was accompanied by a lower median income.

The proportion of the elderly in 1975 who had lived at their present locations for less than five years was 17 per cent for couples, 33 per cent for unmarried men and 23 per cent for unmarried women. In contrast, 55 per cent of couples, 37 per cent of unmarried men and 40 per cent of unmarried women had lived in their present household 20 years or more.

In 1975 as in 1962 about the same proportions of persons said their financial situation was the same, better, or worse than it had been when they were age 60. About one-half of all old people when asked to compare their financial situation at the time of the interview with their situation of age 60 said their financial situation was about the same, a third said their situation was worse, and only about one-fifth said their situation was better.

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NATIONAL SURVEY OF THE AGED

(Final Report)

Administration on Aging
Office of Human Development Services
U.S. Department of Health and Human Services
Washington, D.C. 20201

CHAPTER I

PERSONS AGED 65 AND OVER: WHO ARE THEY?

Introduction

In the United States, 65 is the usual age at which people are "officially" old. Before age 65 an individual may be considered "middle-aged." When he or she reaches his sixty-fifth birthday, however, he becomes old. Sixty-five is the age at which, under existing Social Security legislation, full retirement benefits are payable to persons, the age at which federally funded Health Insurance, Medicare, becomes operative, and the age at which most persons still employed are expected to give up working. At age 65 the person becomes aware that he is experiencing a transition from one stage of life to another, a passage from middle-age to being a "senior citizen."

"Senior citizens," persons aged 65 and over, are increasingly visible in the United States. There are both more of them each decade, and they comprise a greater proportion of the population. At the turn of the Century, in 1900, there were about three million people aged 65 and over in the United States or about four per cent of the total population. At that time, one of every twenty Americans was an old person. In 1960 there were about 17 million people aged 65 and over, in 1970, 20 million, and in 1975, 22.5 million or about ten per cent of the population. By 1975, one of every ten Americans was an old person. These changes, both in the numbers of old people and in their proportion in the population, are largely the result of the increase in

births and the large families of the end of the 19th Century and the first decade of the present Century. While the general decline in death rates in the 20th Century has contributed to the rapid increase of older persons, its effect has been much less than the earlier rise in the birth rate (U. S. Bureau of the Census, 1976).

Whether rightly or wrongly, old people are viewed as "problems" in contemporary society. This view of old people as "deviant," as no longer full-fledged adults but as something else, at best as "senior citizens," is the result of a general view of the old as sick, solitary, and poor. This view of the aged persists in the mass media, despite a host of evidence to the contrary. Some old people are sick, some are solitary and some are poor. But, how many? The present monograph has two purposes. One is to describe the population aged 65 and over in 1975 and to indicate the extent to which the old are sick or well, isolated or surrounded by family, poor or able to manage financially.

A second purpose of this report is to measure change in the situation of the elderly in the United States. The present report is based on two national sample surveys of the non-institutionalized population aged 65 and over, one survey made in 1962, the other in 1975. In these surveys the respondents were asked comparable questions which were tabulated in similar ways. The 13 years between 1962 and 1975 have seen important developments in official government policy vis-a-vis the elderly. In that period the Congress has enacted Health Insurance for the Aged, Medicare, and a medical program for the poor, Medicaid, has

expanded the services and opportunities available to old people through the Older Americans Act, and eliminated the welfare category of Old Age Assistance and replaced it by Supplementary Security Income under the Social Security Act. A whole host of special programs in housing, transportation, and community services designed to improve the life of older people have been introduced throughout the country in response to legislative mandate and the availability of federal funding. The 1962 and 1975 surveys make it possible to compare the health, family relations and income status of the elderly in these two time periods.

In probability surveys such as this, every eligible person, in this case every non-institutionalized person aged 65 and over, has a pre-determined chance of being located. Not every eligible person is located by the investigators, however, and some small proportion of those located cannot be interviewed. A full description of the method of sample selection in these surveys and the estimates of sampling error appear in Appendix A. For practical purposes it may be assumed that the chances are 19 in 20 that the true proportion of any variable reported here will be within the range of estimate reported in this volume, plus or minus the appropriate sampling error. The findings, then, are a kind of snapshot of the situation of the non-institutionalized elderly population in 1962 and again in 1975.

Institutional living, whether in a home for the well-aged, a nursing home or a long-term care facility, is not common among old people in the United States. At any one time about five per cent of the

elderly were resident in institutions in 1975, compared to about four per cent in 1962. As Jacob Siegel of the Bureau of the Census has pointed out "Contrary to the popular view, only a small proportion of the elderly population lives in institutions. Slightly less than five per cent of the population 65 and over resided in institutions in 1975" (U. S. Bureau of the Census, 1976). The elderly in institutions differ in age and in other demographic characteristics from the elderly population as a whole. The surveys deal with the non-institutionalized or community elderly. In order to fully comprehend just who is omitted from the surveys a description of the institutionalized population is given in this chapter.

The Findings

The findings to be discussed in subsequent chapters will focus on four major topics: health, family life, work and retirement, and income and assets. For each of these topical areas there will be a description of the elderly population in 1975 and a comparison of the population in 1975 with the population in 1962. These areas have been selected for study and analysis because they encompass the major concerns of both the elderly and the society at large.

Older Americans, like other Americans, want to be well. In the United States to be ill is "inherently undesirable"(Parsons, 1958). The health of the elderly is of major concern, however, not only to old people themselves, but also to society. The physical and social psychological status of old people is reflected in the need for health

services, facilities and personnel. In this report a comparison is made of the health status and health attitudes of the elderly in 1975 and 1962, their reported use of health and welfare services, and the role of the family as a resource in the provision of health care.

The family, however organized, is the basic primary group for the individual in all societies. The child is born into a family and interacts with his family throughout his life. Family interaction, or its lack, is as important in old age as in youth. In this report there is an analysis of the family structure of the elderly, a description of their living arrangements, and some consideration of the relationship of old people and their children. Family life in the United States is organized around the couple, usually a husband and wife. In old age, however, aged widowed and single persons predominate, many of whom live alone. Because old people living alone constitute a group with special needs, a detailed discussion of their situation is presented.

Work is not only a way of earning a living for most adults, it may also be the locus of their social life, the source of their sense of self-worth, and the only way they know how to fill their day and thus to organize their time. Many persons stop work even before they reach the age of 65, others retire once they are 65 and entitled to full Social Security benefits. This report includes a description of the present work status of the elderly population, their attitudes toward their work, present and past, and their desire for gainful employment.

Finally, the report summarizes the survey findings on the income and assets of the respondents in 1975 and 1962. Because subjective feelings about adequacy of income may differ from the opinions of outside analysts, a comparison of old peoples' evaluation of their financial status at these two time periods is discussed.

Basic Demographic Characteristics of the Population Age 65 and Over

The section which follows gives the basic demographic characteristics, the age and marital status, of the 65 and over population in 1960 and 1970. The age and marital status of the institutional population excluded from this survey are also reported here since a full understanding of the characteristics of this latter group is relevant for the interpretation of certain of the survey findings. A comparison is made of the basic demographic characteristics of the survey respondents in 1975 and 1962 and the official Census data from which the samples were drawn. The interested reader is referred to Appendix A for a further consideration of the methodology of the sampling and of the representativeness of the sample data.

The age distribution of the American population aged 65 and over in both 1960 and 1970 is given in Table 1-A. During this ten-year period, there was a decline in the proportion of the older population

TABLE 1-1A: Age Distribution of the Elderly Population, 1960 and 1970 (Percentage Distribution)

Age	1960[a]			1970[b]		
	Men	Women	All	Men	Women	All
65-69	37.5	35.2	36.2	37.1	33.2	34.8
70-74	29.3	28.6	28.9	27.5	26.9	27.1
75-79	18.9	19.3	19.1	18.5	19.5	19.1
80-84	9.5	10.7	10.1	10.4	12.1	11.4
85+	4.9	6.3	5.7	6.4	8.3	7.5
N =	(7,723,000)	(9,585,000)	(17,308,000)	(8,415,708)	(11,649,794)	(20,065,502)

[a]Source: U.S. Bureau of the Census, Current Population Reports, Population Estimates, Estimates of the Population of the United States by Age, Color, and Sex, July 1, 1950 to 1962, Series P-25, No. 265 (May, 1963), Table 1, p. 11, U.S. Government Printing Office, Washington, D.C.

[b]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1970. Vol. 1, Characteristics of the Population, Part 1, United States Summary, Section 1, Table 52, pp. 269-270 (Washington, D.C.: U.S. Government Printing Office, 1973).

under 75 years of age, from 65 per cent to 62 per cent of the total, and a corresponding increase in the proportion of the aged over 75. The proportion of the elderly over 85, the most vulnerable group in terms of health needs and family loss, rose almost two per cent between 1960 and 1970, from 5.7 per cent to 7.5 per cent. While this rise in the over 85's as a percentage of the total elderly was small, in actual numbers those aged 85 and over increased by about one-half million persons, a 52 per cent increase in the size of the over 85 age group within the decade (U. S. Bureau of the Census, 1976).

Not only has there been a great increase in the number of older persons since the beginning of this Century, the number of years the average person could expect to live has also shown a tremendous increase. A baby born in 1900 could expect to live about 49 years. By 1960 life expectancy had increased to 67 years for males and to 73.6 years for females. The increase in life expectancy for both males and females was nominal in the thirteen year period, 1960-1973, about one-half year for male and one and one-half years for females (Table 1-2A). The average girl baby born in 1973, however, could expect to live 7.7 years longer than the average boy baby.

Life expectancy at birth, however, is only part of the demographic picture. In understanding the situation of the elderly it is equally

TABLE 1-2A: Life Expectancy at Birth and at Age 65: 1960 and 1973

Life Expectancy	1960[a]		1973[b]	
	Men	Women	Men	Women
Expectancy at birth	67.0	73.6	67.6	75.3
Expectancy at age 65	13.0	16.1	13.1	17.2

[a]Source: Life Expectancy, 1900-1975, Health, Education and Welfare Trends, 1963 (Washington, D.C.: U.S. Government Printing Office, 1964), p. 13. Expectancy at birth based on registrations of the year 1961.

[b]Source: U.S. Department of Health, Education, and Welfare, Public Health Service, Vital Statistics of the United States, 1973. Vol. II-Mortality, Part A, Section 5, Life Tables, Table 5-1, p. 8 (Rockville, Maryland: Health Resources Administration, National Center for Health Statistics, 1977).

important to consider the number of years of life remaining to persons who reach the age of 65. Whether in 1960 or in 1973 the man who reached 65 on the average could expect to live to be 78. In 1960 the woman who reached age 65 could expect to live to be 81, in 1973 she could expect to live to be 82. Women live longer than men. In 1960 there were 82 men aged 65 and over for every hundred women in this age group; by 1970, there were only 72 men per 100 women, and by 1975, the Census estimated that there were only 69 men aged 65 and over for every hundred women (U. S. Bureau of the Census, 1976).

Tables 1-3A and 1-4A deal with the institutional population, that segment of the aged population excluded from both the 1962 and 1975 surveys.

While the actual proportion of the elderly in institutions at the times of the 1960 and 1970 Census rose by only one per cent, the numbers of old people in institutions rose by almost 58 per cent, from about two-thirds of a million to almost a million persons. The rise was greatest among nursing and so-called residential homes where the number of older residents almost doubled in the ten-year period. The proportion of those over 80, the very old, resident in institutions, particularly nursing homes or residential homes, rose substantially. In 1960 one of every twelve persons aged 80 and over was in a nursing or residential home, by 1970

TABLE 1-3A: Persons Aged 65 and Over Resident in Institutions

Type of Accommodation	1960[a]		1970[b]	
	Number	Per Cent	Number	Per Cent
Long Term Hospitals	215,202	1.3	153,303	0.8
Mental Hospitals	177,840	1.1	113,043	0.6
Chronic Disease & TB Hospitals	37,362	0.2	40,260	0.2
Nursing Homes	172,779	1.0	257,308	1.3
Private	144,922	0.9	222,646	1.1
Public	27,857	0.1	34,662	0.2
Residential Homes[c]	215,174	1.3	538,499	2.7
Private	185,066	1.1	495,969	2.5
Public	30,108	0.2	42,530	0.2
Other Institutions	6,805	*	18,505	0.1
TOTAL	609,960	3.7	967,615	4.8

*Less than one-tenth of 1%.

[a]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1960. Subject Reports. Inmates of Institutions, Final Report PC(2)-8A, Tables 3, 5, 6, 7, pp. 3-7 (Washington, D.C.: U.S. Government Printing Office, 1963).

[b]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1970. Subject Reports. Persons in Institutions and Other Group Quarters, Final Report PC(2)-4E, Tables 2, 4, 5, 6, pp. 2, 7, 9, 11 (Washington, D.C.: U.S. Government Printing Office, 1973).

[c]Homes for the aged and dependent not known to have nursing care.

TABLE 1-4A: Percentage of Persons Aged 65 and Over Who are Inmates of Institutions by Age

Type of Institution	1960[a]				1970[b]			
	65-69	70-74	75-79	80+	65-69	70-74	75-79	80+
Mental hospitals	0.9	1.0	1.2	1.6	0.5	0.5	0.6	0.7
Residential homes[c]	0.4	0.8	1.6	4.4	0.7	1.3	2.9	8.2
Nursing homes	0.2	0.6	1.3	3.7	0.3	0.6	1.4	3.8
Tuberculosis and chronic disease hospitals	0.2	0.2	0.2	0.5	0.1	0.1	0.2	0.4
All long-stay institutions	1.7	2.6	4.4	10.1	1.6	2.6	5.1	13.2
N =	(6,268,000)	(5,001,000)	(3,306,000)	(2,733,000)	(6,991,625)	(5,443,831)	(3,834,834)	(3,795,212)

[a]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1960. Subject Reports. Inmates of Institutions, Final Report PC(2)-8A, Tables 5, 6, 7, 8 (Washington, D.C.: U.S. Government Printing Office, 1963); Current Population Reports, Population Estimates, Estimates of the Population of the United States by Age, Color, and Sex, July 1, 1950 to 1962, Series P-25, No. 265 (May, 1963), Table 1, p. 11, U.S. Government Printing Office, Washington, D.C.

[b]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1970. Subject Reports. Persons in Institutions and Other Group Quarters, Final Report PC(2)-4E, Tables 4, 5, 6; U.S. Census of the Population: 1970. Vol. 1, Characteristics of the Population, Part 1, United States Summary, Section 1, Table 52, pp. 269-270 (Washington, D.C.: U.S. Government Printing Office, 1973).

[c]Homes for the aged and dependent not known to have nursing care.

about one of every eight persons aged eighty and over was in a nursing or residential home.

The institutional population differs from the non-institutional population in both age and marital status. The marital status of the elderly population in 1960 and 1970 is reported in Table 1-5A. A comparison of the marital status of the institutional and non-institutional population for each of these years is given in Table 1-6A. For the population as a whole, between 1960 and 1970 there was a slight decline in the population of the elderly who said that they had never married, and a slight increase in the proportion who said they had been divorced. The greatest change in this ten-year period came in the rise in the proportion of older men who were married. Compared to 1960, older men in 1970were less likely to be widowed and more likely to be married. In the institutional population between 1960 and 1970 there was a marked decline in the proportion of the residents who had never married and a sharp rise in the widowed. In 1970 the institutionalized elderly had three times as high a proportion of persons who had never married as are found in the community, and almost twice as high a proportion of widowed persons. These findings are what one would expect. Persons without close family are more likely to be institutionalized when they are ill. This includes the very old, who are largely widowed women, as

TABLE 1-5A: Marital Status of the Elderly Population: 1960 and 1970 (Percentage Distribution)

Marital Status	1960[a]			1970[b]		
	Men	Women	All	Men	Women	All
Single, Never Married	7.1	8.4	7.8	5.3	6.6	6.0
Married	71.1	36.3	52.0	74.9	36.3	52.3
Separated	1.3	0.9	1.0	1.4	1.2	1.3
Widowed	18.8	52.9	37.5	16.1	53.5	38.0
Divorced	1.6	1.5	1.6	2.3	2.4	2.4
N (in 000's)=	(7309)	(8898)	(16,207)	(8339)	(11,778)	(20,116)

[a]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1960. Vol. 1, Characteristics of the Population, Part 1, United States Summary, Detailed Characteristics, Table 176, pp. 424-425 (Washington, D.C.: U.S. Government Printing Office, 1963).

[b]Source: U.S. Bureau of the Census, Current Population Reports, Marital Status and Living Arrangements, Series P-20, No. 255 (March, 1973), Table 1, p. 11, U.S. Government Printing Office, Washington, D.C.

TABLE 1-6A: Marital Status of Persons Aged 65 and Over in the Population and of Institutionalized Persons Aged 65 and Over in Different Types of Institutions (Percentage Distribution)

Marital Status	Total Population 65 and Over	Type of Institutions				All Institutions
		Psychiatric Hospital	Residential Homes	Nursing Homes	TB and Chronic Disease	
1960[a]						
Never married	8	33	23	21	25	25
Married[b]	53	32	10	11	25	18
Widowed and divorced	39	35	66	68	49	57
TOTAL	100	100	100	100	100	100
N =	(16,207,417)	(177,840)	(215,174)	(172,779)	(37,362)	(603,155)
1970[c]						
Never married	6	33	17	16	21	19
Married[b]	54	30	12	12	20	14
Widowed and divorced	40	37	71	72	59	67
TOTAL	100	100	100	100	100	100
N =	(20,116,000)[d]	(113,043)	(538,499)	(257,308)	(40,260)	(949,110)

[a]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1960. Subject Reports. Inmates of Institutions, Final Report PC(2)-8A; U.S. Bureau of the Census, U.S. Census of the Population: 1960. Vol 1, Characteristics of the Population, Part 1, United States Summary, Detailed Characteristics, Table 176, pp. 424-425 (Washington, D.C.: U.S. Government Printing Office, 1963).

[b]The legally and the informally separated have been classified as married.

[c]Source: U.S. Bureau of the Census, U.S. Census of the Population: 1970. Subject Reports. Persons in Institutions and Other Group Quarters, Final Report PC(2)-4E, Tables 25, 26, and 27 (Washington, D.C.: U.S. Government Printing Office, 1973).

[d]Source: U.S. Bureau of the Census, Current Population Reports, Marital Status and Living Arrangements, Series P-20, No. 255 (March, 1973), Table 1, p. 11, U.S. Government Printing Office, Washington, D.C.

well as the never married. Peter Townsend, reporting on a detailed interview study of institutionalized old people in Britain in the early 1960's states "Bachelors and widowers affirmed the importance of wives, and childless persons of children. Men and women alike seemed to recognize that the ability to go on living in a normal community was weakened in old age if there were no relatives of succeeding generations to replace the loss, by death and illness, of relatives of the same or of preceding generations. . . . Family relationships extend into and merge with the whole community" (1965).

The survey samples, then, for both 1962 and 1975, based as they are on the non-institutional population, will underrepresent the oldest and sickest segments of the elderly. These very old people are more likely than other persons either to have never married or to be widowed. A comparison of the age distribution of the survey respondents and official estimates of the population is given in Table 1-7-A. In both 1962 and 1975 that small segment of the elderly population over 85 years of age is underrepresented in the sample. If the institutionalized population over 85 is removed from the official population estimates, however, the survey sample is found to represent the very old in the community in their expected proportions.

TABLE 1-7A: Comparison of Respondents and Official Estimates of the Population

Characteristics	1962 Responding Sample	1962 Official Estimates[a]	1975 Responding Sample	1975 Official Estimates[b]
Sex				
Male	44.3	44.6	40.2	41.9
Female	55.7	55.4	59.8	58.1
Age				
65-69	37.4	36.2	36.9	34.8
70-74	31.5	28.9	28.0	27.1
75-79	16.7	19.1	17.6	19.1
80-84	9.6	10.1	11.3	11.4
85+	4.3	5.7	6.1	7.5
No answer	0.5	0	0	0
TOTAL	100.0	100.0	100.0	100.0
N =[c]	(2442)	(17,308,000)	(5756)	(20,065,502)

[a]Source: U.S. Bureau of the Census, Current Population Reports, Population Estimates, Estimates of the Population of the United States by Age, Color, and Sex, July 1, 1950 to 1962, Series P-25, No. 265 (May, 1963), Table 1, p. 11, U.S. Government Printing Office, Washington, D.C.

[b]Source: U.S. Bureau of the Census, Census of the Population: 1970. Vol. 1, Characteristics of the Population, Part 1, United States Summary, Section 1, Table 52, pp. 269-270 (Washington, D.C.: U.S. Government Printing Office, 1973).

[c]The N (number) of cases for the 1962 respondent sample is unweighted; the number of cases for the 1975 respondent sample is weighted by the various sampling fractions.

Summary

The present monograph has two purposes: one is to describe the population aged 65 and over in 1975; the other is to measure change in the situation of the elderly population between 1962 and 1975. The surveys on which the monograph are based include only persons aged 65 and over living in the community, the non-institutionalized population. The findings to be presented in the monograph will focus on four major topics: health, family life, work and retirement, and income and assets.

Between 1960 and 1970, the two census years closest to the survey dates, the population aged 65 and over increased by about three million persons or about 20 per cent. The over 85 age group, however, the most vulnerable group among the elderly, increased by about 52 per cent. The proportion of the elderly in institutions rose by only one per cent, from four to five per cent, but those over 80 in institutions increased from one of every 12 to one of every eight. The survey samples, based as they are on the non-institutionalized population, therefore, under-represent the very old in toto, but represent the very old in the community in their expected proportions.

CHAPTER I

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CHAPTER II

THE HEALTH OF THE ELDERLY

Introduction

The health status of the elderly concerns old people themselves, their families, and society at large. Health and illness affect an individual's life in every way. For the individual, if he or she is employed illness means that he can no longer work or that he must modify his work schedule. If he or she is keeping house illness means that someone else must do the housework, the shopping and the cooking. For most adults illness is destructive to their usual social roles. Americans are always "well." One need only think of the social query "How are you?" to which the usual answer is "Fine," even though the respondent may be noticeably suffering from some physical ailment. Older Americans, like other Americans, want to be "well," and "independent." Poor health at any age, however, increases dependency. The sick older person who may already feel that he has been relegated to a less than a full adult role as a "senior citizen," finds himself with physical problems at a time when his self-esteem as well as his energy is lessened.

The health of the elderly is also a concern of their families. When old people are ill they turn to their families for physical care and assistance in their daily activities. The care-giving function of the family, however, is limited by the other responsibilities of family members whether the latter be spouse, adult child, or other relative. A husband or wife is often restricted in how much physical care they can actually give a sick spouse. For persons seeking help from adult

children, the other demands on these children, their own families, their employment, and their social commitments, limit both the amount of time and the kind of services that can be given to aged parents.

The health of the elderly is also a concern of society. In the United States, Americans, whether young or old, want the best possible health care when they are ill. The economic costs of such care are very large. In 1973, health expenditures, both public and private, were almost eight per cent of the gross national product. A large segment of these health expenditures, particularly public expenditures, are made on behalf of the elderly. In 1965 the Congress enacted into law a program of health insurance for the elderly, Title XVIII of the Social Security Act. This program which went into effect in 1966 was designed to cover expenditures for the health care of persons aged 65 and over. The health insurance scheme has two parts: A and B. Under Part A this legislation provides payments for hospital care, for post-hospital extended care, for care in skilled nursing facilities and for certain home health visits. Part B covers payments to physicians for services outside of hospitals and certain other out-of-hospital costs. Most long-term care for the elderly is not covered under this legislation, but under a companion program of medical assistance, Title XIX of the Social Security Act, which functions through a cost-sharing program between the federal government and the 50 states and is available only to persons with incomes below certain levels. At the time of the second survey reported here, in 1975, the enrolled aged population in Part A, health insurance, was about 22.5 million persons or

almost all the persons aged 65 and over; those enrolled in Part B were about 97 per cent of all eligible persons. The delivery of health care to these millions of people is expensive in terms of facilities, manpower, and other societal resources (Gornick, 1976).

The present report deals with three aspects of the health of the elderly: a measure of their health status; the importance of subjective attitudes in their health and functioning; and, finally, a discussion of the caretakers of the elderly sick. Because the Medicare legislation became effective in 1966, between the 1962 and 1975 surveys, the discussion throughout will emphasize comparisons between the findings of the two surveys. We want to know whether Medicare made a difference in how well old people function, whether it made a difference in how they feel about their health, and finally, whether Medicare and other social programs of health services have made a difference in the provision of direct services to the elderly sick.

The focus of this chapter will be the health status of elderly. Here we want to know how well older people function; the characteristics of the incapacitated elderly; and the relationship between age and health. The rationale and development of the measure of incapacity used in the two surveys, the relationship of incapacity in the aged to selected demographic and social factors, and the differences in health status between persons under the age of 75 and those over that age are discussed here.

General Estimates of the Health of the Elderly

The word "elderly" suggests different images to each of us. Some

envisage vigorous friends or relatives; others, sick and frail individuals. Both the vigorous and the frail may be found among the elderly. The elderly population is made up of millions of persons: men and women; the married and the unmarried; the poor and well-to-do; individuals who have just reached the age of 65 and centenarians. The chief characteristic of the elderly population is its heterogeneity. The health status of these heterogeneous people varies enormously. Some are notably active. Others are quite infirm, and among the latter some may be in institutions. In this section we measure the health status of the elderly in two ways: we estimate first their mobility and then their degree of incapacity. In estimating mobility we distinguish between old people living at home who are bedfast and housebound, and old people who are ambulatory. In estimating incapacity we use a scale which measures physical function.

The proportion of old people bedfast and housebound at home, in both 1962 and 1975, is greater than the proportion of old people living in institutions of all kinds. In both the surveys twice as high a proportion of old people located were bedfast and housebound at home as were resident in institutions. In the 1962 survey, eight of every hundred old people located were bedfast and housebound; in 1975, ten of every hundred old people located are bedfast and housebound. Many persons had expected that the passage of the Medicare and Medicaid legislation would result in a great increase in both the numbers and proportion of the elderly population in long-term care institutions. While the numbers of old people in institutions has

increased markedly, the proportion of old people in institutions has increased by only about one or two per cent.

Most elderly people are neither bedfast nor housebound. The question of how mobile this residual population actually is requires further analysis. In these surveys we defined the elderly who were restricted in mobility as the bedfast, the housebound, and those persons able to go outdoors only with difficulty. Full data on mobility then is available only for the interviewed sample. In 1962, 11 per cent of those interviewed had restrictions on their mobility; in 1975, 14 per cent of the sample had restrictions on their mobility. Both in 1962 and 1975 women were more likely than men to have restricted mobility. About seven per cent more women than men report such restrictions. These differences between men and women may be expected since infirmities are more usual among the very old, a group comprised largely of women. Note survey findings in Table 2-1A.

In the 1975 survey, 14 per cent of those interviewed had limitations on their mobility, and five of every ten of these individuals were classified as having limitations which kept them in the house. In 1972, the National Center for Health Statistics, using somewhat different questions than those used in these surveys reported that about 17 per cent of the non-institutionalized elderly had some limitation of their mobility due to a chronic condition. In the latter analysis three of every

TABLE 2-1A: Mobility of the Non-Institutional Population Aged 65 and Over by Sex (Percentage Distribution)

Degree of Mobility	1962			1975		
	Men	Women	All	Men	Women	All[c]
Total Sample Located[a]						
Bedfast	2	3	2	2	3	3
Housebound	4	8	6	6	8	7
Ambulatory	95	89	92	92	89	90
TOTAL	100	100	100	100	100	100
N =[b]	(1220)	(1519)	(2739)	(3070)	(4484)	(7660)[c]
Sample Interviewed Only						
Bedfast	*	1	*	2	2	2
Housebound	3	7	5	3	6	5
Ambulatory	97	92	95	95	91	93
Can go outdoors with difficulty	4	7	6	4	8	7
Can go outdoors without difficulty	93	86	89	91	83	86
TOTAL	100	100	100	100	100	100
N =[b]	(1081)	(1361)	(2442)	(2314)	(3441)	(5755)

*Less than 1% after rounding.

[a]The percentage of bedfast respondents is based on all bedfast persons located; interviews with proxy respondents were taken for all bedfast persons who could not be interviewed. The percentages of housebound and ambulatory respondents were estimated from their proportions in the sample interviewed and from background data on non-respondents secured by the interviewers.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted by the various sampling fractions. The percentages of eligible interviewed respondents who answered these questions are: 1962, 100 and 1975, 99.98. In subsequent tables, where 98% or more of the eligible respondents have answered the questions, detailed information on non-response will not be given in footnotes. The total sample located for 1975 includes 128 weighted cases of questionable eligibility since these respondents may not have been 65 and over.

[c]Includes 105 weighted cases where sex is not known.

ten of these persons were described as having limitations sufficiently severe to keep them confined to the house. The remainder, although able to leave the house, needed the assistance of another person or had to use help such as a wheelchair (U. S. Bureau of the Census, 1975). The 1975 survey differed from the National Center survey in classifying wheelchair bound persons as housebound, rather than as persons unable to go outdoors without help. The overall agreement between these two independent surveys is quite good, and serves to reinforce the validity of our estimates of mobility.

Health in the aged also can be measured through estimates of their degree of incapacity. In practice, health in the aged is commonly defined in one of two ways: either in terms of the presence or absence of disease, or, alternatively, in terms of how well the old person is functioning. A definition of health in terms of pathology or disease states is usually employed by physicians. This perspective on health can be called a medical model. A judgment of health based on the presence or absence of pathology is the result of observation, examination, and the findings of laboratory tests. Such a judgment strives for objectivity. However, it also reflects the health professional's medical sophistication and training, the skill of the technicians administering tests, and even the physician's overall attitude and the conditions he expects to find in a patient of a given age and sex. The physician's overall assessment and response to the patient, whether young or old, characteristically reflects the social climate of the time (Simmons, 1963). As an example, the introduction of health

insurance for the aged (Medicare) in the United States was followed by an increase in the proportion of old persons admitted to hospitals. Presumably the health status of older persons did not change in response to the enactment of Medicare, but medical judgments about the feasibility and desirability of hospitalization for older persons changed.

An alternative to the medical model in defining the health status of the elderly is to measure the health of persons in terms of their function or their capacity to perform certain tasks. Thus, the things that an old person can do or thinks he can do are useful indicators of how healthy he is (World Health Organization, 1959; Shanas, 1971; Shanas et. al., 1968). In the present report we use an index of incapacity to measure the functioning of old people and their health status. A variety of such indices of function have been developed for measuring health. Perhaps the best known of these is the Index of the Activities of Daily Living developed by Sidney Katz, M.D. and his associates (Katz and Akpom, 1976). The Katz index was originally developed to measure progress of hospitalized patients and later applied to persons living in the community. The index used in the present study, however, was derived from studies of old people in the community and is primarily an outgrowth of the work of Peter Townsend in Britain. In his studies of old people in London, Professor Townsend was impressed by the difficulties of some old people in performing the simplest tasks related to their self-care. He developed a variety of scales to measure the incapacity of such community residents. The present index was first used in a three country study of old people in 1962. (Shanas, et. al., 1968) and since then it has been widely used in

comparative studies of the elderly in various countries (Shanas, 1971).

The index requires the old person to answer six questions: 1) Can he go out-of-doors? 2) Can he walk up and down stairs? 3) Can he get about the house? 4) Can he wash and bathe himself? 5) Can he dress himself and put on shoes? and 6) Can he cut his own toenails? The respondent is asked whether he can do each of these tasks without difficulty and without help, with some difficulty but still without the help of another person, and finally, with difficulty and only with the help of another person. Scores on the index range from zero to 12. The ability to perform a task without restriction is scored zero, to perform with difficulty is assigned a score of one, and inability to perform a task, that is to be able to perform a task only with the help of another person, is assigned a score of two. A score as high as seven or more means that a person does all of the tasks in the index only with difficulty and that one task cannot be performed at all or only with the help of others, or that a person can do some of the tasks only with difficulty, and some not at all. This index is not applicable to the bedfast aged, as can be seen in Table 2-2A. In both 1962 and 1975, however, the index has been used with the housebound and ambulatory aged to develop measures of their function or of their capacity.

Using a measure of functional capacity, the health of most elderly can be described as "good," in both 1962 and 1975. In both surveys

TABLE 2-2A: Incapacity for Self-Care, Non-Institutional Population Aged 65 and Over by Sex[a]
(Percentage Distribution)

Index Score	1962			1975		
	Men	Women	All	Men	Women	All
0	68	58	63	73	62	67
1-2	21	23	22	19	23	21
3-4	6	9	7	5	7	6
5-6	4	3	4	2	6	4
7 or More	1	6	4	*	3	2
TOTAL	100	100	100	100	100	100
N =[b]	(1080)	(1352)	(2432)	(2274)	(3366)	(5640)

*Less than 1% after rounding.

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

about seven of every ten old persons had scores of zero on the index of incapacity, that is, they could perform all of the required six tasks without difficulty. An additional two persons in every ten had scores of only one or two, indicating only minor difficulty in performance. At the other extreme, however, four of every hundred persons in 1962, and two of every hundred in 1975, had scores of seven or even higher. These are persons living at home although seriously handicapped. Because we want to know more about these people, we shall discuss them in greater detail later in this chapter.

The ability of old people to function well varies from one index task to another. Some persons are able to walk about the house but are unable to walk up and down stairs. Others can take care of themselves indoors but are unable to go outdoors without help. In the discussion of mobility earlier in this chapter we have considered one of the components of the index, the ability to go outdoors without restriction. We will consider the reported ease or difficulty of the other tasks which make up the index as shown in Table 2-3A.

The most difficult index task for old people to perform was walking up and down stairs. In 1962, a third, and in 1975, a fourth of all persons said that they had difficulty with stairs. Women were more likely than men to report that they had problems with stairs. Cutting their own toenails was the only other index task which substantial

TABLE 2-3A: Percentage of Persons Aged 65 and Over Reporting Difficulty with Common Physical Tasks by Sex[a]

Task	Per Cent with Difficulty					
	1962			1975		
	Men	Women	All	Men	Women	All
Walking Stairs	24	35	30	18	28	24
Getting about the House	4	8	6	3	9	7
Washing, Bathing	7	13	10	4	10	8
Dressing, Putting on Shoes	7	9	8	6	9	8
Cutting Toenails	15	22	19	17	24	21
N =[b]	(1080)	(1352)	(2432)	(2273)	(3367)	(5640)

[a]Excludes bedfast persons; includes persons who cannot do physical tasks at all.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

numbers of old people could not perform or could only perform with difficulty. In both 1962 and 1975 a fifth of all old people said that they had difficulty with this task. Again, women were more likely than men to report this problem. The index includes three items related to personal care: dressing, bathing, and foot care. Difficulties with foot care are two and one-half times as common among old people as difficulties in dressing or in washing and bathing.

Let us summarize our comparisons of the health status of old people in 1962 and 1975. Comparable measures of mobility and incapacity were used in each survey. In the thirteen-year period between surveys the health status of the elderly in the community has not changed appreciably. In both surveys twice as high a proportion of old people were bedfast and housebound at home as were in institutions of all kinds; between eight and nine of every ten elderly persons could go outdoors without help; and about seven of every ten elderly persons had no functional restrictions as measured by an index of incapacity.

Characteristics of the Incapacitated

The most incapacitated portion of the elderly ambulatory and housebound population may be described as those persons with scores on the index of incapacity of seven or more. While the proportion of persons in 1975 with such severe limitations on their functioning is small, two per cent, the numbers of such persons in a population of 22.5 million is large. Those housebound and elderly persons who have scores of seven or more on the index of incapacity represent from a half to three-quarters of a million persons. These persons differ from the elderly

population as a whole in ways other than incapacity. They are more likely to be older, that is to be aged 80 or more; more likely to be women; and more likely to be unmarried. To illustrate, in 1962 while 14 per cent of the survey population were over 80 years of age, 32 per cent of those with incapacity scores of seven or more were over 80. In 1975, 13 per cent of the survey population were over 80, 35 per cent of those with scores of seven or more were over 80. As scores on the incapacity scale rise, both the proportion of women and the proportion of the unmarried persons with each score also rises, as shown in Table 2-4A. The three characteristics, advanced age, being female, and being unmarried, are interrelated and the combination of these three demographic variables predicts a higher incapacity score.

The incapacitated elderly are more likely than other old people to have sensory impairments. In the surveys an effort was made to estimate visual disabilities and persons were asked about any problems they might have with their sense of balance. In both surveys a rise in incapacity scores is associated with a rise in the proportion of persons who are reported as blind or almost blind. A rise in scores is also associated with a marked rise in the proportion of persons who report that they were giddy or dizzy during the week before they were interviewed. In both 1962 and 1975 roughly a third of those with scores as (as shown in Table 2-5A: Sensory Impairments, Persons Aged 65 and Over, by Incapacity Scores)

TABLE 2-4A: Age, Sex, and Marital Status, Persons Aged 65 and Over, by Incapacity Scores[a] (Percentages)

Age, Sex, Marital Status	Incapacity Scores									
	1962					1975				
	0-2	3-4	5-6	7+	All	0-2	3-4	5-6	7+	All
Per cent persons over 80	12	20	25	32	14	12	21	23	35	13
Per cent women	53	63	60	83	56	58	66	77	92	60
Per cent unmarried[b]	43	54	29	62	45	46	53	65	62	48
N =[c]	(2066)	(183)	(92)	(91)	(2432)	(4956)	(343)	(247)	(93)	(5640)

[a]Excludes bedfast persons.

[b]Includes separated, divorced, widowed, and never married persons.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 2-5A: Sensory Impairments, Persons Aged 65 and Over, by Incapacity Scores[a] (Percentages)

Sensory Impairments	Incapacity Scores									
	1962					1975				
	0-2	3-4	5-6	7+	All	0-2	3-4	5-6	7+	All
Visual disabilities	4	13	16	25	6	4	15	11	19	5
N =[b]	(2055)	(182)	(90)	(90)	(2417)	(4910)	(340)	(247)	(93)	(5590)
Giddy in past week	11	38	37	54	16	10	39	39	53	14
N =[b]	(2046)	(181)	(89)	(91)	(2407)	(4945)	(342)	(247)	(93)	(5627)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

high as seven or more reported that they had giddy spells. In terms of its effect on the person, this loss of a sense of balance is among the most disabling conditions of the elderly. The loss of balance affects both the physical and the emotional well-being of older people. Persons who experience dizziness or giddiness feel that they may fall. They hesitate to go outdoors for fear that they will harm themselves, or, as some say, "embarrass" themselves. There are a substantial number of falls among the elderly population related to the loss of balance. These are most likely to occur among the very old, and we shall say more about them later in this chapter.

The most incapacitated elderly as measured by the index are also the most likely of all persons to report that they spent some time in bed because of illness during the year before they were interviewed, and that they saw a doctor in the month before they were interviewed. When the two surveys, that of 1962 and that of 1975, are compared, there is no difference in the proportions of the elderly as a whole who report that they had been ill in bed during the previous year or in the proportions who had seen a doctor within the last month. The differences between the two surveys occur in the proportions of the most incapacitated who report seeing a doctor during the last month before their interviews. Such doctor visits were reported by a higher proportion of these persons in 1975, 57 per cent, than in 1962, 48 per cent as can be seen in Table 2-6A.

TABLE 2-6A: Illness and Use of Doctors, Persons Aged 65 and Over, by Incapacity Scores[a] (Percentages)

Illness, Use of Doctors	Incapacity Scores									
	1962					1975				
	0-2	3-4	5-6	7+	All	0-2	3-4	5-6	7+	All
Ill in bed in past year	23	44	42	53	26	22	44	53	60	26
N =[b]	(2066)	(183)	(92)	(91)	(2432)	(4956)	(343)	(247)	(93)	(5640)
Saw doctor within past month	27	45	43	48	30	30	47	49	57	33
N =[b]	(2038)	(179)	(92)	(91)	(2400)	(4946)	(340)	(247)	(93)	(5627)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

Old people with the highest incapacity scores are the most likely of all old people to be poor. In both 1962 and 1975 half of the elderly with high incapacity scores (five or more) were old people in the lowest income quartile. The fact that there has been a rise between 1962 and 1975 in the proportion of the most incapacitated people who have seen a doctor recently, and that in both 1962 and 1975 these persons with high incapacity scores are likely to be poor, indicates that Medicare and Medicaid have made a difference to low income elderly. When these persons are sick they are now more likely to see a doctor than they were in 1962. Table 2-7A displays the percentage of persons aged 65 and over in the lowest income quartile.

Age and Health

Persons 65 and over include almost two generations, those Bernice Neugarten has called the "young-old," and the "old-old" (1974). One would expect the young-old, persons under 75, to be less incapacitated than those over 75, that the younger aged would report less difficulties with the component parts of the index of incapacity than the older aged, that there would be less sensory impairment among younger aged, and that reports of illness and the use of physicians would be less for those under 75 than for those over 75. The findings, however, are in only partial agreement with these expectations. Incapacity is greater among those over 75 than among those under 75, and sensory impairments, as measured by giddiness and falls, increase with age. In both 1962 and

TABLE 2-7A: Percentage of Persons Aged 65 and Over Reporting Income and in the Lowest Income Quartile by Incapacity Scores[a]

Year	Per Cent in Lowest Income Quartile Incapacity Scores			
	0-2	3-4	5-6	7 or More
1962				
Per Cent	23	32	42	47
N =[b]	(1884)	(168)	(86)	(85)
1975				
Per Cent	22	34	44	63
N =[b]	(3715)	(266)	(198)	(65)

[a]Excludes bedfast persons; excludes persons whose spouses gave financial data.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. For 1962, 49 married couples, 7 unmarried men, and 67 unmarried women with income did not report the amount of income and are excluded from the quartile distribution. Also excluded are 64 married couples where the wife was interviewed but the man either was under 65 years of age or was not interviewed because of illness, deafness, or language problems. For 1975, 183 (weighted) married couples, 20 (weighted) unmarried men, and 217 (weighted) unmarried women with income did not report amount of income and are excluded from the quartile distribution. For 1975, the percentage of eligible respondents who answered these questions is 91.1.

1975, however, there are little differences between age cohorts in their reports of illness, and in their reports of recent visits with physicians. In the section that follows we will consider the extent of reported incapacity and sensory impairments by successive age cohorts, illness and the use of physicians. We shall indicate some of the reasons why the findings differ from what might have been expected.

In both 1962 and 1975 the younger age groups have lower incapacity scores than the older age groups. In 1962, seven, and in 1975, eight of every ten persons aged 65 to 69 report no difficulty with any of the items which make up the index of incapacity. In both surveys, about seven of every ten persons age 70 to 74 report no difficulties. Beginning at age 75, however, the proportion of persons with no difficulties declines. Persons with no difficulties are six of every ten of those 75 to 79, and less than five of every ten of those aged 80 and over. As can be seen in Table 2-8A, between 1962 and 1975 the extent of incapacity reported by successive age groups of older people remained unchanged. Similarly, there seems to have been no changes between the two survey periods in the proportion of each age cohort that reported problems with getting about the house, washing and bathing and dressing and putting on shoes. Walking stairs is reported less often as a problem in 1975 than in 1962 for all age cohorts up to the age of 80. Among those age 80 and over in 1975 as in 1962 four of every ten persons report that they have

TABLE 2-8A: Incapacity for Self-Care by Age and Sex, Non-Institutional Population Aged 65 and Over[a] (Percentage Distribution)

Age Group and Index Score	1962			1975		
	Men	Women	All	Men	Women	All
65-69						
0	71	68	69	80	75	77
1-2	19	20	19	14	17	16
3-6	9	9	9	6	7	6
7+	1	4	3	1	1	1
TOTAL	100	100	100	100	100	100
N =[b]	(405)	(506)	(911)	(887)	(1220)	(2107)
70-74						
0	72	59	65	72	67	69
1-2	20	24	22	22	20	21
3-6	8	13	10	6	12	9
7+	1	4	2	0	1	*
TOTAL	100	100	100	100	100	100
N =[b]	(347)	(420)	(767)	(662)	(920)	(1582)
75-79						
0	69	50	58	72	55	62
1-2	18	28	24	20	25	23
3-6	11	15	14	8	17	13
7+	2	7	4	0	3	2
TOTAL	100	100	100	100	100	100
N =[b]	(182)	(225)	(407)	(407)	(591)	(998)
80 and Over						
0	53	39	45	58	38	45
1-2	29	28	28	26	35	32
3-6	14	20	18	16	20	18
7+	4	12	9	*	7	5
TOTAL	100	100	100	100	100	100
N =[b]	(146)	(188)	(334)	(318)	(634)	(952)

*Less than 1% after rounding.

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

difficulty with this task. Care of the feet remains as much of a problem for each age cohort in 1975 as it was in 1962 Again, among those aged 80 and over, four of every ten persons in 1975 as in 1962 reported difficulty in cutting their own toenails. Giddiness and falls were reported by about the same proportion of persons in 1975 as in 1962. Persons over 80 are most likely to say that they have been giddy the week before they were interviewed. In 1962 about one-fourth of all persons 80 or over said they had been giddy during the previous week and one of every six among these persons had fallen. In 1975 about the same proportion of persons over 80 reported giddiness and about one of every twelve among these persons had fallen. About one per cent of the aged, about a quarter of a million persons, reported that they had fallen during the week as an aftermath of a dizzy spell. These findings, difficulty with physical tasks and reports of dizzy spells are shown in Tables 2-9A and 2-10A respectively.

The proportion of the elderly who reported that they had been ill enough to spend at least one day in bed during the previous year was 26 per cent in both 1962 and 1975. However, unlike the reports of incapacity, there is no rise from age cohort to age cohort in the proportion of old people who said that they had been ill. This finding is related to the fact that a much higher proportion of the very old

TABLE 2-9A: Percentage of Persons Aged 65 and Over Reporting Difficulty with Common Physical Tasks by Age and Sex[a]

Age and Task	Per Cent Reporting Difficulty					
	1962			1975		
	Men	Women	All	Men	Women	All
65-69						
Walking Stairs	24	27	26	16	18	17
Getting About the House	3	7	6	4	5	5
Washing and Bathing	6	8	7	4	7	6
Dressing, Putting on Shoes	8	8	8	5	7	6
Cutting Toenails	13	15	14	11	13	12
N =[b]	(405)	(506)	(911)	(887)	(1220)	(2107)
70-74						
Walking Stairs	21	36	29	16	25	21
Getting About the House	3	7	5	1	8	5
Washing and Bathing	4	11	8	3	7	5
Dressing, Putting on Shoes	7	9	8	3	6	5
Cutting Toenails	13	21	17	19	21	20
N =[b]	(347)	(420)	(767)	(662)	(920)	(1582)
75-79						
Walking Stairs	25	40	33	16	36	28
Getting About tne House	4	8	6	2	11	7
Washing and Bathing	8	17	13	4	13	9
Dressing, Putting on Shoes	5	9	7	6	11	9
Cutting Toenails	15	28	22	20	28	25
N =[b]	(182)	(225)	(407)	(407)	(591)	(998)
80+						
Walking Stairs	33	50	42	28	47	41
Getting About the House	9	12	11	5	18	14
Washing and Bathing	14	23	19	8	19	15
Dressing, Putting on Shoes	11	14	13	14	17	16
Cutting Toenails	29	38	34	27	44	38
N =[b]	(146)	(188)	(334)	(317)	(635)	(953)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Rates computed on the basis of the number of eligible respondents who answered each of these questions. The base for each rate therefore varies slightly. The number of "no answers" ranged from 0 to 17 in 1962 and from 0 to 3 in 1975; in no instance did less than 99% of the respondents answer a question.

TABLE 2-10A: Percentage of Persons Aged 65 and Over Reporting Giddiness and Falls in Past Week by Age and Sex[a]

Reported Giddiness and Falls in Past Week	Men					Women					All				
	65-69	70-74	75-79	80+	All	65-69	70-74	75-79	80+	All[c]	65-69	70-74	75-79	80+	All[c]
1962															
Giddy	12	13	13	17	13	15	14	21	28	17	14	14	18	23	16
Fell	2	2	2	3	2	2	1	3	4	2	2	2	2	4	2
N =[b]	(399)	(343)	(180)	(145)	(1067)	(502)	(415)	(223)	(185)	(1338)[c]	(901)	(758)	(403)	(330)	(2405)[c]
1975															
Giddy	11	10	12	17	12	10	12	18	25	15	11	12	16	22	14
Fell	1	2	2	*	1	1	1	1	4	2	1	1	2	2	1
N =[b]	(884)	(659)	(404)	(318)	(2264)	(1220)	(919)	(590)	(635)	(3364)	(2104)	(1577)	(994)	(954)	(5628)

*Less than 1% after rounding.

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]For 1962 this category includes 13 women past the age of 65 whose exact age is unknown.

than of younger aged are institutionalized. Aged persons over 75 or over 80 who have extended illnesses are likely to be no longer resident in the community. They are in nursing or residential homes. Those over 80 living in the community may be more frail and more incapacitated than younger age cohorts, but they are not more likely to report that they have had long stays in bed. Table 2-11A indicates the percentage of persons aged 65 and over reporting illness by age and sex.

The proportion of the elderly who had seen a doctor during the past month was 30 per cent in 1962 and 33 per cent in 1975. There were no marked rises in the recent use of doctors by any age cohort. While the proportion of old people who had not seen a doctor for a year or more declined sharply between 1962 and 1975 as has been stated earlier, the decline was general for all age cohorts. Just as in reports of illness, the data indicate that persons aged 80 and over living in the community are the least incapacitated among all persons in this age group. The most incapacitated are likely to be in institutions and thus do not appear in this survey population. Table 2-12A highlights these findings.

TABLE 2-11A: Percentage of Persons Aged 65 and Over Reporting Illness in the Past Year by Age and Sex[a]

Illness in Past Year	Men					Women					All				
	65-69	70-74	75-79	80+	All	65-69	70-74	75-79	80+	All[c]	65-69	70-74	75-79	80+	All[c]
1962															
Ill	25	19	25	23	23	31	23	34	31	29	28	21	30	27	26
N =[b]	(405)	(347)	(182)	(146)	(1080)	(506)	(420)	(225)	(188)	(1352)[c]	(911)	(767)	(407)	(334)	(2432)[c]
1975															
Ill	23	23	20	23	22	32	24	26	28	28	28	24	23	26	26
N =[b]	(887)	(662)	(407)	(318)	(2274)	(1220)	(920)	(591)	(635)	(3367)	(2107)	(1582)	(998)	(953)	(5641)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]For 1962 this category includes 13 women past the age of 65 whose exact age is unknown.

TABLE 2-12A: Reported Physician Utilization of Persons Aged 65 and Over by Age and Sex[a] (Percentages)

Physican Utilization	Men					Women					All				
	65-69	70-74	75-79	80+	All	65-69	70-74	75-79	80+	All[c]	65-69	70-74	75-79	80+	All[c]
1962															
Saw Doctor Within Past Month	27	24	32	38	28	32	30	36	29	31	29	27	34	33	30
Not Seen Doctor for One Year or More	38	43	36	32	38	30	34	28	33	31	33	38	32	33	35
N =[b]	(398)	(343)	(181)	(146)	(1068)	(499)	(415)	(221)	(184)	(1332)[c]	(897)	(758)	(402)	(330)	(2400)[c]
1975															
Saw Doctor Within Past Month	28	32	32	34	31	33	33	41	33	34	31	33	37	33	33
Not Seen Doctor for One Year or More	23	20	22	22	22	18	22	10	16	18	20	21	15	18	19
N =[b]	(887)	(655)	(407)	(318)	(2268)	(1219)	(920)	(589)	(632)	(3361)	(2106)	(1576)	(996)	(950)	(5628)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Includes 13 women of unknown age.

Summary

Medicare, Health Insurance for the Aged, went into effect in 1966. When the health of older people in 1975, nine years after Medicare, is compared with their health in 1962, before Medicare, there are no marked changes in their health status. There is no major change in the proportion of old people bedfast and housebound at home. These persons were eight of every 100 in 1962 and ten of every 100 in 1975. In both 1962 and 1975 about twice as high a proportion of old people were bedfast and housebound at home as were in institutions of all kinds. The mobility and functional status of the aged as measured by an index of incapacity was unchanged between surveys. In both 1962 and 1975 between eight and nine of every ten elderly persons could go outdoors without help, and about seven of every ten reported no restrictions on their physical functioning.

There was no difference between the two surveys in the proportion of the elderly who reported that they had spent some time in bed because of illness during the preceding year or who said they had seen a doctor during the past month. What did change between 1962 and 1975 was the proportion of the elderly with severe functional limitations who reported seeing a doctor recently. A higher proportion of these people in 1975 than in 1962 reported visits to the doctor. Medicare and medicaid then have made a difference in the use of doctors by persons with functional limitations.

The number of older persons in need of care at home in 1975 was about 2.75 million if one includes the bedfast, the housebound, and those who can go outdoors only with difficulty, about two million if

one includes all bedfast and housebound persons located whether interviewed or not, and about one million if one includes only the bedfast and those persons among the housebound and ambulatory aged with incapacity scores at the high end of the incapacity scale. Over one-third of these at the high end of the incapacity scale were over 80, nine of every ten were women, and six of every ten were married.

CHAPTER II

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CHAPTER III

HEALTH AND HEALTH ATTITUDES

Introduction

The health of any person may be described and evaluated from either of two perspectives: that of the physician or other health professional, and that of the person himself. The physician describes the health of his patient in terms of the presence or absence of pathology. The patient, however, makes his own assessment of his health. Sometimes he agrees with the physician, at other times his self-assessment of how well or how sick he is differs from the assessment made by his doctor. Numerous studies have focussed on the congruence between physician and patient assessment of health, and on whether physician assessment or patient assessment is a better predictor of the individual's behavior related to health.

Elderly persons like young persons make their own assessments of their health. Some persons say they are well, others say they are sick. We lack medical information about the respondents in our surveys. Hence, we cannot compare physician and patient reports. We can, however, point out those factors which seem to be associated with self-reports of good or poor health and indicate some of the relationships between such assessments and other behavior.

Studies of selected populations indicate that in about two of every three instances there is congruence between physicians' and patients' health assessments. George Maddox and his colleagues at Duke University compared the results of physicians' assessments of the

health of elderly volunteer subjects with the latter's self-assessment The Duke investigators found that roughly two of every three subjects had a "reality orientation in their subjective evaluation of their health" (1964). In these persons there was general agreement between physician and subject assessment. Maddox categorized those subjects who deviated from the physician assessments as either health optimists, those who thought their health was better than the physician's assessment, or health pessimists, those who thought their health was worse. The optimists were found to be older, relatively active, and male (1962; 1964). Shanas and her colleagues in their three country study of old people (1968; 1974) also described their health optimists as older, relatively active, and more likely to be male.

Maddox and Douglass have made a thoughtful analysis of whether the physician's or the subject's assessment is a better predictor of the subject's behavior (1973). Analyzing data from their longitudinal study of volunteer subjects, these investigators report that an individual's own assessment of his health as "good" or "poor" is a better predictor of his usage of physicians from one time period to another than is the physician's assessment of the individual's health at the first time period. In their study population self-assessment of health has a greater influence on health behavior than physician's assessment.

In the present chapter we review our findings on the self-assessment of their health by older people. We first consider whether those measures of functional status discussed earlier are good predictors

of self-evaluation of health. If functional status predicts how individual's evaluate their health, measures of function may be useful surrogates for physicians' examinations (see Piotrowski, 1970). We then go on to consider those attitudinal items which seem to correlate with self-evaluation of health as "good" or "poor." These items include self-reports of loneliness, the relationship of the old person to others, and his perception of himself as a young or old person. Because we are interested in the reliability of self-reports of health as first, a single item indicator of health status, and second, as a predictor of certain attitudes of the elderly, wherever possible we will compare the results of the 1962 and 1975 surveys.

Self-Evaluation of Health

The image of the elderly as "sick" is not the same as the image most old people in the United States have of their health. Old people in the United States see themselves as "well" not sick. More than half, both men and women, say their health is good, about a third say their health is fair, and something less than one-fifth say their health is poor. About the same proportion of both men and women say their health is good or their health is poor. Despite the implementation of a program of health insurance for the aged, and the introduction of many supportive health programs, the proportion of the elderly who think their health is either good or poor is unchanged in 1975 compared to 1962 as can be seen in table 3-1A.

The most likely of all older people to describe their health as good and the least likely to say their health is poor are those aged

TABLE 3-1A: Self-Evaluation of Health, Persons Aged 65 and Over, by Sex and Age (Percentage Distribution)

Self-Evaluation of Health	Men						Women						All					
	65-66	67-69	70-74	75-79	80+	All	65-66	67-69	70-74	75-79	80+	All[a]	65-66	67-69	70-74	75-79	80+	All[a]
1962																		
Good	54	56	59	47	51	55	58	48	51	44	52	51	56	51	54	46	52	52
Fair	28	24	26	34	32	28	27	34	31	34	27	31	28	30	29	34	29	30
Poor	17	20	15	19	17	17	15	18	18	22	21	18	16	19	17	21	19	18
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N =[b]	(176)	(229)	(346)	(182)	(146)	(1079)	(205)	(303)	(423)	(226)	(191)	(1361)[a]	(381)	(532)	(769)	(408)	(337)	(2440)[a]
1975																		
Good	55	51	51	51	57	53	59	48	48	46	50	50	57	49	50	48	52	51
Fair	29	33	32	38	22	31	30	35	34	32	31	33	29	34	33	34	28	32
Poor	16	16	17	11	22	16	12	17	18	22	19	18	13	16	17	18	20	17
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N =[b]	(416)	(471)	(673)	(410)	(335)	(2306)	(525)	(710)	(934)	(604)	(665)	(3438)	(941)	(1180)	(1607)	(1014)	(1000)	(5743)

[a] Includes 13 women of unknown age.

[b] The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Detailed information on non-response is not given in this and subsequent tables if 98% or more of the eligible respondents have answered the questions.

65 and 66. Fewer persons aged 67 to 69, say their health is good. After the decline in reports of good health at ages 67 to 69 the proportions reporting good health remain relatively stable in each successive age cohort. Even at the ages of 80 and over, half of the elderly population report their health as good. In general, older people compare their health with their peers, those in their own immediate age group. Persons aged 80 and over still residing in the community are the biological and psychological survivors of their age cohort (Shanas et. al. 1968). As survivors, however frail, they tend to report themselves as being in good health. Their health comparisons reflect the fact that many of their contemporaries have either died or are living in institutions.

The mobility, the incapacity scores, and the reported sensory impairments of old people all predict the evaluations which they will make of their health. In Table 3-2A respondents are classified by their mobility, whether they are ambulatory, mobile with difficulty, or housebound. As mobility lessens, the proportion of persons who think their health is good declines, and the proportion who think their health is poor rises sharply. At one end of the mobility continuum more than half of all ambulatory persons say their health is good, and only about one in eight says his health is poor. At the other end of the continuum, among the housebound only one in ten in 1975, and one in six in 1962, says

his health is good, and from half to two-thirds say their health is poor. These findings can be seen in Table 3-2A.

In Table 3-3A respondents are classified by their scores on the index of incapacity. Scores on the index of incapacity range from zero, or no reported incapacity, to seven or more, or marked incapacity. Among persons with scores of zero to two, more than half say their health is good and only one of every eight says his health is poor. As soon as incapacity scores are greater than two, however, there is a sharp decline in persons in good health and a rise in persons who say they are in poor health. The rise in reports of poor health once there is some limitation in capacity, however slight, reflects the high standards of "wellness" which Americans set for themselves. Americans stress physical well-being in old age as well as youth. Any restriction in activity level, however minor, is interpreted as a sign of poor health. Shanas and her associates in their three country study (1968) in analyzing some of the differences in health attitudes between the American aged and the aged in other countries quote de Toqueville on American attitudes toward illness. Discussing the United States and its citizens in the early nineteenth century, he says: "In America the passion for physical well-being is not always exclusive, but it is general; and if all do not feel it in the same manner yet it is felt by all" (1948).

TABLE 3-2A: Self-Evaluation of Health of Persons Aged 65 and Over by Mobility[a] (Percentage Distribution)

Self-Evaluation of Health	1962 Housebound Persons	1962 Mobile with Difficulty	1962 Ambulatory Persons	1975 Housebound Persons	1975 Mobile with Difficulty	1975 Ambulatory Persons
Good	16	21	57	9	28	56
Fair	20	27	30	38	32	32
Poor	64	51	13	54	40	12
TOTAL	100	100	100	100	100	100
N =[b]	(121)	(136)	(2173)	(299)	(383)	(4948)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 3-3A: Self-Evaluation of Health, Persons Aged 65 and Over, by Sex and Incapacity Scores[a] (Percentage Distribution)

Self-Evaluation of Health	Incapacity Scores											
	Men				Women				All			
	0-2	3-4	5-6	7+	0-2	3-4	5-6	7+	0-2	3-4	5-6	7+
1962												
Good	59	15	c	c	58	23	16	12	59	20	20	15
Fair	29	25	c	c	31	31	40	21	30	29	31	18
Poor	12	60	c	c	10	46	44	67	11	51	49	67
TOTAL	100	100	c	c	100	100	100	100	100	100	100	100
N =[b]	(959)	(67)	(37)	(15)	(1105)	(116)	(55)	(76)	(2064)	(183)	(92)	(91)
1975												
Good	56	16	34	c	56	16	18	4	56	16	22	3
Fair	31	35	30	c	32	45	30	26	32	42	30	24
Poor	13	49	36	c	11	38	52	71	12	42	48	73
TOTAL	100	100	100	c	100	100	100	100	100	100	100	100
N =[b]	(2085)	(118)	(57)	(7)	(2862)	(225)	(190)	(86)	(4946)	(343)	(247)	(93)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Percentages not computed when base is less than 50.

Reports of the presence or absence of sensory impairments, like reports of mobility, or scores on the index of incapacity, also predict whether an old person will describe his health as either good or poor. In this analysis we use two measures of sensory impairment: poor vision, and dizziness or vertigo. About four of every ten persons reported as blind or with seriously impaired vision in 1975 said their health was good, and three of every ten said their health was poor. In the remainder of the elderly population, those without marked vision impairments, more than half of all persons said their health was good, and about two of every ten said their health was poor. If an old person says he has been dizzy recently or experienced attacks of vertigo he is even more likely than a person with vision impairment to say his health is poor. Almost half of all persons who say they have been dizzy say their health is poor. In the remainder of the population, only about one in eight says his health is poor. Persons with vision impairments are one and one-half times as likely and persons with vertigo are four times as likely as the rest of the older population to say their health is poor as shown in Table 3-4A.

Data from the 1975 survey show that an individual's self-assessment of his health is a good predictor of his use of the services of a physician. These findings reinforce the report of the relationship

TABLE 3-4A: Self-Evaluation of Health of Persons Aged 65 and Over by Sensory Impairments (Percentage Distribution)

Self-Evaluation of Health	Sensory Impairments			
	Persons Blind or Nearly So[a]	All Others[a]	Persons with Vertigo during Last Week[c]	All Others[c]
1962				
Good	30	54	19	59
Fair	32	29	32	29
Poor	38	17	48	12
TOTAL	100	100	100	100
N =[b]	(146)	(2294)	(376)	(2054)
1975				
Good	37	52	20	56
Fair	37	32	35	32
Poor	27	17	44	12
TOTAL	100	100	100	100
N =[b]	(293)	(5404)	(779)	(4840)

[a]Data taken from interviewer reports.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Excludes bedfast persons.

between physician usage and health assessment referred to earlier (Maddox and Douglass, 1973). In 1975 old people who see themselves as sick compared to persons who think they are well are twice as likely to see a doctor during a month period. There are some old persons who report that they see a doctor rarely or not at all. Again, the relevance of self-assessment of health in predicting physician usage is demonstrated. The reports of little or no usage of doctors were one-third as likely where health was poor as among persons whose health was good. Table 3-5A shows these findings.

The Correlates of Self-Evaluation of Health

An old person's self-evaluation of his health not only predicts his use of physicians, it also predicts how lonely he says he is, whether time passes slowly for him, and how he evaluates his health status compared to the health of other people. Reports of loneliness are common among the aged. Loneliness in the aged person has been defined as "... a vague sense of being alone and ... dissatisfied about the nature of his actual contacts"(Munnichs, 1964). There is evidence that feelings of loneliness are not necessarily correlated with the actual presence or absence of other persons. Jack Weinberg, a prominant psychiatrist who has investigated this phenomenon in the elderly,relates loneliness to losses which the old person has experienced (1975). In our surveys, both in 1975 and 1962, we find that reports of loneliness are associated with reports of poor health.

TABLE 3-5A: Percentage of Persons Aged 65 and Over with Last Visit to Doctor Within Past Month or Not for a Year of More by Sex and Self-Evaluation of Health: 1975

Time of Last Visit to Doctor	Self-Evaluation of Health								
	Men			Women			All		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Saw Doctor During Past Month	22	36	50	24	39	58	23	38	55
Not Seen Doctor for One Year or More[a]	31	13	11	24	13	6	27	13	8
N (weighted) =	(1213)	(718)	(369)	(1709)	(1118)	(604)	(2922)	(1836)	(973)

[a]Includes those persons who report never having seen a doctor (25 weighted cases).

Among persons who say they are in good health, more than half say that they are never lonely. Among those who say they are in poor health about a third say they are never lonely. Persons in poor health are five times as likely as those in good health to report frequent loneliness. As many as one of every five persons who say their health is poor also say they are often lonely. Table 3-6A highlights these findings.

Reports of loneliness are more likely to be related to the person feeling that he is in poor health than to his actual living conditions. It is true that persons who live alone, regardless of health status, are more likely than those who live with other people to say that they are often lonely. When those who live alone who are in good health, however, are compared with those living alone who are in poor health, more than twice as many of those in poor health as of those in good health say they are often lonely. Persons in good health living in a household with others when compared with persons in poor health in similar households are far less likely to say that they are often lonely. In 1975, among persons living with others, those in poor health living with others were nine times as likely as those in good health to say that they were often lonely.

Older people often say that time passes slowly for them, that days are long or "endless". Reports of the slow passage of time, like reports of loneliness, are related to self-assessment of health. In both

TABLE 3-6A: Self-Evaluation of Loneliness, Persons Aged 65 and Over, by Sex and Self-Evaluation of Health (Percentage Distribution)

Self-Evaluation of Loneliness	Self-Evaluation of Health								
	Men			Women			All		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
1962									
Often	4	9	19	4	8	25	4	8	22
Sometimes	25	37	45	40	48	49	33	44	47
Never	71	54	36	56	43	26	63	48	30
TOTAL	100	100	100	100	100	100	100	100	100
N =[a]	(583)	(297)	(182)	(682)	(417)	(249)	(1265)	(714)	(431)
1975									
Often	4	10	14	3	8	19	3	8	17
Sometimes	35	44	47	49	57	55	44	52	52
Never	61	46	39	48	36	26	53	40	31
TOTAL	100	100	100	100	100	100	100	100	100
N =[a]	(1210)	(714)	(369)	(1707)	(1119)	(605)	(2916)	(1833)	(974)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

the 1962 and 1975 surveys respondents were asked: "Does time pass slowly for you?" The replies in the two surveys were classified somewhat differently, those for 1962 being "often," "sometimes," and "never," while those for 1975 were dichotomized as "yes," and "no." A rough comparison may be made between "often" and "sometimes," grouped together, and the "yes" responses in 1975. Persons who said their health was poor compared to those who said their health was good were two and one-half times as likely in 1962, and three and one-half times as likely in 1975, to say that time passed slowly. Sixty-four per cent of those in poor health in 1962 and 49 per cent in 1975 said that time passed slowly for them. Among those in good health 27 per cent in 1962, and 14 per cent in 1975, reported the slow passage of time. Tables 3-7A and 3-8A point out these findings.

Whether one sees oneself as in good or poor health not only affects feelings of loneliness and how one experiences the passage of time, it also affects how one sees the neighborhood in which one lives and the people in it. One might expect that persons in poor health would be more likely to be visited by helpful neighbors and thus that these persons would see their neighborhood as a friendly one. This is not the case, however. Both men and women in good health compared to

TABLE 3-7A: Self-Evaluation of Loneliness, Persons Aged 65 and Over, by Living Arrangements, Sex, and Self-Evaluation of Health (Percentage Distribution)

Self-Evaluation of Loneliness	Men				Women				All			
	Health Good		Health Fair-Poor		Health Good		Health Fair-Poor		Health Good		Health Fair-Poor	
	Living Alone	Living with Others	Living Alone	Living with Others	Living Alone	Living with Others	Living Alone	Living with Others	Living Alone	Living with Others	Living Alone	Living with Others
1962												
Often	21	2	40	8	8	2	20	12	11	2	26	10
Sometimes	43	23	42	40	48	38	57	45	47	30	53	43
Never	36	75	18	52	43	60	22	43	41	68	21	47
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100
N =[a]	(61)	(522)	(72)	(407)	(192)	(492)	(201)	(465)	(253)	(1014)	(273)	(872)
1975												
Often	13	2	26	9	5	1	16	9	7	1	18	9
Sometimes	48	33	49	45	57	43	60	54	55	38	58	49
Never	39	66	25	47	38	56	24	38	38	61	24	42
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100
N =[a]	(225)	(985)	(136)	(946)	(778)	(928)	(681)	(1044)	(1003)	(1913)	(818)	(1989)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 3-8A: Evaluation of Passage of Time, Persons Aged 65 and Over, by Sex and Self-Evaluation of Health (Percentage Distribution)

"Time Passes Slowly"	Self-Evaluation of Health								
	Men			Women			All		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
1962									
Often	6	16	32	5	14	32	5	15	32
Sometimes	22	28	31	22	33	33	22	31	32
Never	72	56	38	73	53	35	73	54	36
TOTAL	100	100	100	100	100	100	100	100	100
N =[a]	(588)	(300)	(186)	(690)	(419)	(251)	(1278)	(719)	(437)
1975									
Yes	15	33	46	13	26	51	14	28	49
No	85	67	54	87	74	49	86	72	51
TOTAL	100	100	100	100	100	100	100	100	100
N =[a]	(1213)	(716)	(372)	(1711)	(1115)	(601)	(2924)	(1831)	(973)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

those in poor health are more likely to say that neighbors often visit. Those in poor health are more likely to say that neighbors keep to themselves. Whether this is a true report of the behavior of neighbors toward the sick elderly cannot be determined from our data. Like the loneliness and isolation reported by some in poor health despite the fact that they live in households with other people, these assessments of neighbors and neighborhoods may reflect an alienation from others among the aged sick. Table 3-9A depicts these findings.

An individual's assessment of his health is also a good predictor of how he will rate his health in comparison with that of other people. In general, the "well," those who say they are in good health, are sure that their health is better than the health of other people. The "sick," those who say they are in poor health, are equally sure that their health is much worse than that of most people. In both surveys three-fourths of those who said their health was good said their health was better than that of other people. Half of those in poor health said their health was worse than that of other people. Apparently both the well and the sick see themselves as unlike other persons in their age group. The "well," noting that they have survived some among their contemporaries and that still others are sick at home or in nursing facilities, are sure that they are unusual. The sick, on the contrary, are apparently so uncomfortable physically and, as indicated by their

TABLE 3-9A: Perceived Visiting Patterns of People in Neighborhood, Persons Aged 65 and Over, by Sex and Self-Evaluation of Health: 1975 (Percentage Distribution)

Perceived Visiting Patterns of People in Neighborhood	Self-Evaluation of Health								
	Men			Women			All		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Often Visit	33	28	28	34	27	23	33	27	25
Keep to Themselves	67	72	72	66	73	77	67	73	75
TOTAL	100	100	100	100	100	100	100	100	100
N (weighted) = [a]	(1173)	(694)	(365)	(1670)	(1093)	(582)	(2843)	(1787)	(947)

[a]The percentages of eligible respondents who answered these questions are: total 96.9, men 96.4, women 97.2.

reports of lonliness, so depressed and alienated that they are sure no one else feels as sick as they do. Old people compare their health to the health of others in their age cohort or to those especially close to them in age. Persons aged 80 and over are the most likely of all respondents to report that their health is better than the health of other people. Apparently, those over 80 living in the community see themselves as exceptions to the prevailing image of the sick aged. The belief of the over 80's that they are in better health than their age peers is a realistic one; in 1975 one of every eight persons over the age of 80 was living in a nursing or residential home. These findings can be seen in Tables 3-10A, 3-11A, and 3-12A.

There is some evidence that having a confidant, someone to whom one can speak of one's problems, concerns and joys, is a vital personal resource in old age (Lowenthal and Haven, 1968). Lowenthal and her associates have pointed out the importance of the confidant in maintaining the mental health of the old people they studied. There is no evidence in our survey, however, that persons with a confidant were any more likely than those without a confidant to describe their health as "good." What is most striking is that almost nine of every ten older

TABLE 3-10A: Comparison of Own Health with Health of Other People, Persons Aged 65 and Over, by Sex and Self-Evaluation of Health (Percentage Distribution)

Comparison with Health of Other People	Men			Women			All		
	Self-Evaluation of Health								
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
1962									
Better	80	48	17	76	37	15	78	42	16
Same	20	47	35	23	56	31	22	52	33
Worse	*	4	48	1	7	54	1	6	51
TOTAL	100	100	100	100	100	100	100	100	100
N =[a]	(578)	(294)	(183)	(678)	(409)	(242)	(1256)	(703)	(425)
1975									
Better	75	44	13	73	37	17	74	40	16
Same	24	50	34	27	55	31	26	53	32
Worse	1	6	52	*	8	52	*	8	52
TOTAL	100	100	100	100	100	100	100	100	100
N =[a]	(1180)	(699)	(363)	(1700)	(1107)	(592)	(2880)	(1806)	(954)

*Less than 1% after rounding.

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. The percentage of eligible respondents who answered these questions are: 1962, total 97.6, men 97.6, women 97.6; 1975, total 98.0, men 96.8, women 98.8.

TABLE 3-11A: Comparison of Own Health with Health of Other People, Persons Aged 65 and Over, by Sex and Age (Percentage Distribution)

Comparison with Health of Other People	Men						Women						All					
	65-66	67-69	70-74	75-79	80+	All	65-66	67-69	70-74	75-79	80+	All[a]	65-66	67-69	70-74	75-79	80+	All[a]
1962																		
Better	56	54	63	59	68	60	45	51	56	52	58	53	50	52	59	55	62	56
Same	34	33	29	28	25	30	40	37	32	33	33	35	38	35	31	31	30	33
Worse	10	14	8	12	6	10	15	12	12	14	9	12	12	13	10	14	8	11
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N =[b]	(174)	(221)	(340)	(178)	(142)	(1055)	(204)	(296)	(415)	(220)	(185)	(1329)[a]	(378)	(517)	(755)	(398)	(327)	(2384)[a]
1975																		
Better	45	51	56	61	66	55	53	48	51	50	56	52	49	49	53	54	60	53
Same	44	40	31	31	22	34	38	38	37	37	32	37	40	39	35	35	29	35
Worse	12	9	13	8	12	11	9	14	12	13	12	12	10	12	12	11	12	12
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N =[b]	(396)	(460)	(660)	(394)	(338)	(2248)	(512)	(705)	(928)	(596)	(661)	(3402)	(909)	(1165)	(1587)	(990)	(999)	(5650)

[a]Includes 13 women of unknown age.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. The percentage of eligible respondents who answered these questions are: 1962, total 97.6, men 97.6, women 97.6.

TABLE 3-12A: Self-Evaluation of Health, Persons Aged 65 and Over, by Sex and Presence of a Confidant: 1975
(Percentage Distribution)

Self-Evaluation of Health	Men		Women		All	
	With Confidant	Without Confidant	With Confidant	Without Confidant	With Confidant	Without Confidant
Good	53	52	51	41	52	47
Fair	31	32	32	35	32	33
Poor	16	16	17	25	17	20
TOTAL	100	100	100	100	100	100
N(weighted) =	(1949)	(353)	(3103)	(328)	(5052)	(681)

Americans feel that they have a confidant, someone to whom they can confide almost anything. For a man, the confidant is likely to be his wife. For an older woman, far more likely than the man to be widowed, the usual confidant is likely to be an adult child. Friends were named as confidants more often than brothers and sisters or other relatives. Only a small proportion of the elderly report the helping professionals, the clergy and the social worker, as their confidant.

Self-evaluation of health correlates with reports of loneliness, with reports of slow passage of time and with how the old person sees his immediate world, the neighborhood in which he lives. It also correlates with how the older person evaluates the health of those around him. Earlier it was pointed out that their mobility, incapacity scores, and sensory impairments will predict how old people will evaluate their health. There is another item which is equally as powerful as any of these in predicting self-evaluation of health. This is the age group to which the old person feels he belongs, the age category to which, irrespective of birthday, he assigns himself. People over 65 classify themselves as middle-aged, 45 per cent; elderly, 27 per cent; or old, 29 per cent. Six of every ten of the middle-aged and five of every ten of the elderly but only four of every ten of the old say they are in good health. At the other end of the health spectrum the old are twice as likely as the elderly and three times as likely as the middle-aged to say that they are in poor health as shown in Table 3-13A.

TABLE 3-13A: Self-Evaluation of Health, Persons Aged 65 and Over, by Sex and Self-Perception of Age: 1975
(Percentage Distribution)

Self-Evaluation of Health	Self-Perception of Age											
	Men				Women				All			
	Young	Middle Aged	Elderly	Old	Young	Middle Aged	Elderly	Old	Young	Middle Aged	Elderly	Old
Good	a	62	48	40	a	59	46	38	a	60	47	39
Fair	a	28	36	32	a	30	38	32	a	30	37	32
Poor	a	10	16	27	a	11	15	30	a	10	16	29
TOTAL	a	100	100	100	a	100	100	100	a	100	100	100
N (weighted) =	(30)	(1016)	(576)	(657)	(18)	(1453)	(959)	(963)	(48)	(2469)	(1535)	(1620)

[a]Percentages not computed when base is less than 50.

CHAPTER III

Summary

An elderly individual's self-evaluation of his health is a useful single item indicator of his health status. His evaluation of his health is also a clue to his attitudes, whether he feels lonely, alienated and friendless.

The majority of the elderly in the United States see themselves as "well" not "sick." More than half said their health was good, about a third said their health was fair, and only about one-fifth said their health was poor. Old people compare their health with their immediate age peers, the 65 year olds with other 65 year olds, the 80 year old with other 80 year olds. Even at the ages of 80 and over, half of the elderly in the community said their health was good. The peer comparisons of these old people include their contemporaries who are living in institutions, or friends or relatives who have died.

Old people are realists about their health. The more mobile the old person, the less incapacitated he is, the less he reports sensory impairments, the more likely he is to say his health is good. If an older person describes himself as "middle-aged," he is likely to say his health is good. People who said their health was good were less likely than those who described their health as "poor" to report visits to physicians.

The aged who reported that their health was poor appear to be the most alienated persons among the elderly. Such reports of poor health are associated with reports of loneliness, with statements that time passes slowly for the respondent, and even with descriptions of the neighbors as people who keep to themselves. Those who think they are

in poor health are sure their health is worse than that of other people. On the other hand, those who believe they are in good health are sure their health is better than the health of other people.

CHAPTER III

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CHAPTER IV

HEALTH AND WELFARE SERVICES AND THE FAMILY

As the United States has become less of an agrarian and more of an industrial society, as people have moved from rural farms and small towns to cities, changes have occurred in the physical, economic and social environment in which older people find themselves. These changes have affected all aspects of the life of the elderly: their living arrangements, their economic support, the delivery of their health care and their family relationships. Many functions which in an earlier time were primarily family responsibilities have become the responsibilities of government, or shared functions of the family and governmental units.

One of the major responsibilities of the family in earlier times was the care of its sick members. The elderly sick were taken care of at home by their relatives. Not all people had families to take care of them, however. To serve these persons, the poorhouse was instituted in many parts of the country, and various religious groups developed housing and hospitals for the elderly. At the present time, in contrast to this earlier era, there are a variety of health services available to meet the needs of the sick and frail aged. In part the growth of these health services reflects the social changes attendant on industrialization and urbanization; on the other hand, the numbers of elderly in this country were few at the beginning of the 20th Century, and the growth of health services since that time paralleles the growth in the numbers of the elderly.

The presence and visibility of these health services--nursing

homes, day care centers, home care, and visiting nurses, among others --have tended to reinforce the popular image of the family as only a bystander in the care of the elderly sick. As is so often the case when popular belief is subjected to the test of evidence, the facts in this instance are quite different from popular imagery. The development of bureaucratic support systems has not eliminated the role of the family as either the caretaker of the aged sick or the helper of the frail elderly. Indeed, the findings of both the 1962 and 1975 surveys indicate that the family is the major caretaker of the sick elderly in this country, and the major source of assistance with personal care and household tasks which old people find difficult or impossible.

This chapter is a report on the use of health services and related welfare services by the elderly in 1962, before Medicare, and in 1975, when Medicare had been operational for almost ten years. The chapter begins with a brief discussion of trends in health expenditures from 1962 to 1975. The main body of the chapter gives respondents' reports of hospitalization and the utilization of physicians; discusses the care of the bedfast elderly at home; reports the provision of services for housebound and mobile aged persons when they become ill; and outlines the nature of family assistance with personal care and household tasks. Finally, there is some discussion of what old people say are the barriers that keep them from needed medical and dental care.

Health Services and Hospital Care

In the ten years that elapsed between 1962, the year of the first survey, and 1973, public and private health expenditures in the United States rose threefold from 30 billion to 94 billion dollars. The pro-

portion of the gross national product (the total value of all goods and services produced during the year) spent on health rose from about six per cent to eight per cent. By 1975, the year of the second survey, the nation was spending 103 billion dollars for personal health care for its citizens of which about 30 billion dollars was spent for older persons. (U. S. Department of Health, Education, and Welfare, 1976; 1978.) Table 4-1A highlights these facts.

The most reliable reports of persons in residential and nursing homes are those of the Decennial Census of the population. In the ten years between the 1960 and 1970 Census, the number of elderly persons in residential and nursing homes more than doubled. During this same period, the use of general hospitals rose sharply. Much of this increase in hospital usage reflects a rise in the hospitalization of old people. In 1973, two years before our second survey, about 113 of every 10,000 older people were estimated to be in the hospital on any one day. These old people occupied an estimated 249,000 general hospital beds (U. S. Bureau of the Census, 1976).

Table 4-2A desplays findings of inmates in different types of institutions. These findings reported here on the utilization of hospitals and physicians come from household surveys in which the elderly speak for themselves. In such a household surveys a number of persons who would be

TABLE 4-1A: Total Expenditures (Capital and Current) on Health Services as a Percentage of Gross National Product and National Income

Year	Total Expenditures on Health Services	Expenditures on Health Services	
		As a Percentage of Gross National Product	As a Percentage of National Income
1962[a]	$30,737M[b]	5.7	7.0
1973[c]	$94,235M[d]	7.7[d]	8.8[e]

[a]July 1, 1961 to June 30, 1962.

[b]Source: Social Security Bulletin, Vol. 16, No. 11, Table 5 (November, 1963), p. 10.

[c]July 1, 1972 to June 30, 1973.

[d]Source: Social Security Bulletin, Vol. 38, No. 2, Table 1 (February, 1975), p. 5.

[e]Source: U.S. Bureau of the Census, Statistical Abstract of the United States: 1975, 96th edition, Table 622 (Washington, D.C., 1975), p. 384.

TABLE 4-2A: Inmates in Different Types of Institutions (Excluding Children's Homes and Orphanages, and Correctional and Penal Institutions)

Type of Institution	1960[a] Number (in 000's)		1960[a] Percentage		1970[b] Number (in 000's)		1970[b] Percentage	
	All Ages	Age 65 and Over	All Ages	Age 65 and Over	All Ages	Age 65 and Over	All Ages	Age 65 and Over
General hospitals[c]	557,0	131,5	0.28	0.8	1,278,0	---[e]	0.60	---[e]
Tuberculosis hospitals/ wards	65,0		0.04		16,9	5,1	0.01	less than 0.05
Chronic disease hospitals/wards	42,5	37,4	0.02	0.2	67,1	35,2	0.03	0.2
Nursing homes	200,6	172,8	0.11	1.0	298,9	257,3	0.15	1.3
Mental hospitals	630,0	177,8	0.35	1.1	433,9	113,0	0.21	1.0
Homes and schools for mentally handicapped	174,7	4,8	0.10	less than 0.05	202,0	10,7	0.10	1.0
Residential homes[d]	269,1	215,2	0.15	1.3	628,6	538,5	0.31	2.7
Homes and schools for physically handicapped	24,3	2,0	0.01	less than 0.05	22,7	---[e]	0.01	---[e]
Estimated total, health and welfare	1,963,0	741,5	1.09	4.6	2,898,2	---[e]	1.43	---[e]
Estimated total, long-stay institutions	---[e]	610,0	---[e]	3.7	1,670,2	959,8	0.82	4.8
N =	(179,323,2)	(16,207,2)	(179,323,2)	(16,207,2)	(203,211,9)	(20,065,5)	(203,211,9)	(20,065,5)

[a]Source: U.S. Bureau of the Census, Census of the Population: 1960. Subject Reports. Inmates of Institutions, Final Report PC(2)-8A, Tables 5, 6, 7, 8 (Washington, D.C.: U.S. Government Printing Office, 1963); U.S. Bureau of the Census, Statistical Abstract of the United States: 1964. 85th edition (Washington, D.C.: U.S. Government Printing Office, 1964), p. 76. For general hospitals, see Journal of the American Hospital Association, Hospitals, Guide Issue (August, 1961).

[b]Source: U.S. Bureau of the Census, Census of the Population: 1970. Subject Reports. Persons in Institutions and Other Group Quarters, Final Report PC(2)-4E, Tables 4, 5, 6, 7, 8; U.S. Bureau of the Census, Census of the Population: 1970. Volume I, Characteristics of the Population, Part 1, U.S. Summary, Section 1, Table 52 (Washington, D.C.: U.S. Government Printing Office, 1973). For general hospitals, see U.S. Department of Health, Education, and Welfare, Health Manpower and Health Facilities, 1975. Health Resources Administration, National Center for Health Statistics, Tables 217, 221 (Rockville, Maryland, 1976).

TABLE 4-2A: Inmates in Different Types of Institutions (Excluding Children's Homes and Orphanages, and Correctional and Penal Institutions) (continued)

[c]Figures show the average number of patients receiving treatment each day in short-term general and special hospitals for 1960 and 1970.

[d]Homes for the aged and dependent not known to have nursing care.

[e]Data not available.

interviewed if they were home cannot be interviewed because they are in hospital; others, located at home, cannot be interviewed because they are too sick to speak to an interviewer. Both of these groups of "lost" respondents are likely to be heavy users of medical care. The reported findings on the utilization of both hospitals and physicians given here therefore tend to be an underestimate of the actual use of hospitals and doctors by the community-resident elderly. as noted in Table 4-3A.

A higher proportion of interviewed old people in 1975, compared to 1962, said they had spent some time in the hospital during the previous year. The rate of reported hospitalization based on the 1975 interviews was 180 per 1,000 interviewed persons. In 1962 the hospitalization rate was 130 per 1,000 interviewed persons. The reports of hospitalization of the elderly for both 1962 and 1975 are in general agreement with independent estimates of hospitalization rates made at about the same time (Shanas, et. al., 1968). The United States National Health Interview Survey in 1976 using comparable interviewing methods reported a hospitalization rate of 183 per 1,000 persons aged 65 years and over (U. S. Department of Health, Education, and Welfare, 1977).

Both the 1975 survey and the Health Interview Survey in 1974 collected information on hospital insurance coverage of the elderly. Both surveys asked about coverage under Medicare, Health Insurance for the Aged, and about other hospital insurance coverage which respondents might have. The National Health Interview Survey data collected this information for all older people. In the 1975 survey this information was analyzed only for persons who were hospitalized during the preceding year. The National Health survey reporting for all persons aged 65 and over, whether hospitalized or not, indicated that 93 per cent of the

TABLE 4-3A: Percentage of Persons Aged 65 and Over in Different Age Groups Who Were Hospitalized During the Previous Year by Sex[a]

Age Group	1962			1975		
	Men	Women	All	Men	Women	All
65-69	14	11	12	13	18	16
N =[b]	(404)	(506)	(910)	(890)	(1234)	(2125)
70-74	13	11	12	24	18	21
N =[b]	(345)	(420)	(765)	(673)	(937)	(1610)
75-79	17	18	17	23	19	20
N =[b]	(182)	(224)	(406)	(410)	(603)	(1013)
80 and over	15	14	15	24	16	18
N =[b]	(146)	(187)	(333)	(341)	(665)	(1007)
All ages	14	13	13	20	18	18
N =[b]	(1077)	(1350)[c]	(2427)	(2315)	(3440)	(5755)

[a]Includes interviewed bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Detailed information on non-response is not given in this and subsequent tables if 98% or more of the eligible respondents have answered the questions.

[c]Includes 13 women of unknown age.

elderly said that they had Medicare coverage and 58 per cent had private hospital insurance (U. S. Department of Health, Education, and Welfare, 1977a). In the 1975 survey, 97 per cent of all persons who were hospitalized said that they were covered by Medicare and 67 per cent said that they had private hospital insurance. Two of every three persons hospitalized during 1975 then had private health insurance to cover some part of their hospital costs and thus supplement their National Health Insurance.

Between 1962 and 1975 there was a marked change in the pattern of physician utilization by the elderly. Physician visits to the elderly at home declined while hospitalizations of the elderly increased. About one-fourth of all old people in both surveys said that during the previous year they had spent at least a day in bed because of illness. In 1962 half of these persons were visited at home by a doctor. In 1975, however, only about one in seven of those ill at home was visited by a doctor. In contrast, about one of every four of those ill at home in 1962 was hospitalized; by 1975, the proportion of those hospitalized rose to one of every three as can be seen in Table 4-4A.

The Utilization of Physicians

Before the passage of Medicare, Health Insurance for the Aged, there was considerable speculation that one of the results of this legislation would be an unprecedented increase in the use of physicians by the elderly. This does not seem to have occurred. Instead,

TABLE 4-4A: Persons Aged 65 and Over, Whether or Not They Were Ill in Bed at Home, Visited by a Doctor, or Hospitalized During the Previous Year, by Sex[a] (Percentage Distribution)

Characteristic	1962			1975		
	Men	Women	All	Men	Women	All
Ill in bed, visited by a doctor	---[b]	---[b]	12	2	4	4
Hospitalized during year	---	---	4	1	1	1
Not hospitalized	---	---	8	2	3	2
Ill in bed, not visited by a doctor	---	---	13	20	24	22
Hospitalized during year	---	---	3	8	8	8
Not hospitalized	---	---	10	11	15	14
Not ill in bed, not visited by a doctor	---	---	75	78	72	74
Hospitalized during year	---	---	6	10	7	8
Not hospitalized	---	---	69	68	65	66
TOTAL	---	---	100	100	100	100
N=[c]	---	---	(2420)	(2268)	(3359)	(5627)

[a]Excludes bedfast persons.

[b]Data not reported in 1962.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

about the same proportion of old people in both 1962 and 1975, three of every ten, report that they saw a physician the month before they were interviewed. Fewer persons in 1975 than in 1962 are likely to report that they have not seen a doctor during the past year or even longer. Apparently while the number of visits to physicians may not have increased there is a greater readiness on the part of old people to utilize the services of a physician. In part, this may be due to the removal of some of the financial barriers to medical care, on the other hand, the population over 65 in 1975 compared to 1962 is both better educated and thus more likely to use medical care, and contains a higher proportion of very old people who are likely to use medical care. Table 4-5A displays the percentage of the persons aged 65 and over who had seen their doctor within different periods by sex.

It has been shown that old people tend to be health realists. Those who are most incapacitated are more likely than other old people to see a doctor. It has been suggested, however, that those old people who live with or near an adult child will be the most likely of all elderly persons to use medical care. It is assumed that concerned adult children will see that their aged parents visit a doctor if the former are ill or complaining. In 1975 persons with children are more likely than persons without children to have seen a doctor recently, and less likely to say that they had not seen a doctor for more than a year. This finding would appear to confirm the hypothesis stated earlier. However, when the analysis is restricted to those old persons who say

TABLE 4-5A: Persons Aged 65 and Over Who Had Seen their Doctor Within Different Periods by Sex (Percentage Distribution)

When Last Saw Doctor	1962			1975		
	Men	Women	All	Men	Women	All
Within the past month	28	31	30	31	35	33
1-3 months ago	13	16	15	---[c]	---	---
Within the past 6 months	---[a]	---	---	34	36	35
More than 3 months-a year	25	26	26	---[c]	---	---
Within the past year	---[a]	---	---	14	12	12
More than a year or never	33	27	30	22	17	19
TOTAL	100	100	100	100	100	100
N =[b]	(1068)	(1332)	(2400)	(2309)	(3435)	(5744)

[a]Data not reported in 1962.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1975.

they were ill in bed during the past year, persons without children are more likely than those living with children to have seen a doctor recently. There is a plausible explanation for these seemingly contradictory findings. Peter Townsend has suggested that adult children may indeed encourage an old parent with health complaints to see a doctor, hence the report of more physician visits by old people with children particularly those in the same household with a child. At the same time, it may be that once the physician is in touch with an old person who is ill and lives alone, the conscientious doctor is likely to see his elderly patient often, since he knows the former may lack supportive family to supervise care and medication (Shanas, et. al., 1968). Table 4-6A reports findings of the elderly person who had seen their doctor within different time periods.

Persons who report impairments and restrictions on their mobility are the most likely of all old people to see a doctor. Almost half of all persons who were housebound or who could only get about with difficulty said that they had seen a doctor during the previous month. In comparison, about a fourth of those persons who could get about without difficulty had seen a doctor during the same time period. The findings, as indicated in Table 4-7A on the recent use of physicians reinforce the earlier analyses of the use of physicians by the elderly reported in Chapter II and III. Most

TABLE 4-6A: Persons Aged 65 and Over Living with, Near, and at a Distance from their Children and Persons Aged 65 and Over with No Children Who Had Seen their Doctor Within Different Periods: 1975[a] (Percentage Distribution)

When Last Saw Doctor	Persons Sharing Household with Child		Living Within 10 Minutes Journey of Child		Living at a Distance of More Than 10 Minutes Journey		Persons with No Living Children	
	All	Ill in Bed During Past Year	All	Ill in Bed During Past Year	All	Ill in Bed During Past Year	All	Ill in Bed During Past Year
Within past month	36	44	36	52	32	48	28	52
Within past year[b]	48	50	44	42	50	44	50	45
More than 12 months ago or never	16	6	20	6	18	8	22	3
TOTAL	100	100	100	100	100	100	100	100
N (weighted) =	(781)	(265)	(1521)	(376)	(2138)	(569)	(1167)	(229)

[a]Excludes bedfast persons.

[b]Excludes within past month.

TABLE 4-7A: Percentage of Housebound and Ambulatory Persons Who Saw their Doctors Within the Past Month

Degree of Mobility	Per Cent Who Saw Doctor Within Past Month	
	1962	1975
Housebound or ambulatory with difficulty	46	47
N =[a]	(256)	(680)
Ambulatory without difficulty	28	31
N =[a]	(2144)	(4948)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

old people are health realists. Impairments and restrictions on their mobility are instrumental in bringing the elderly to the attention of the physician.

Care of the Bedfast at Home

The proportion of bedfast elderly persons resident in the community is small. The bedfast are only three per cent of all eligible persons located in the 1975 survey and two per cent of all persons interviewed. They represent about one-half million persons. This two per cent of the aged, however, are probably those in the greatest need of supportive health and welfare services. Their reports of the utilization of physicians are therefore of special interest.

Between 1962 and 1975 there was a major change in services to the bedfast. There was a marked decline in physician visits to the bedfast and an increase in the use of welfare services. Home visits by a doctor were no longer a significant factor in the care of the bedfast in 1975. Two of every three bedfast older persons located reported that they were neither visited by a doctor nor did they have a regular doctor whom they could call. Table 4-8A depicts the regularity of doctor visits to bedfast persons aged 65 and over.

The proportion of bedfast persons with regular visits from nurses remained unchanged from the first to the second survey. Only about one of every five bedfast persons had regular visits from a nurse, even when visits as few as once a month are included. There were only about 2,000 home health agencies approved for Medicare payments in July, 1975.

TABLE 4-8A: Regularity of Doctor Visits, Bedfast Persons Aged 65 and Over, by Sex[a] (Percentage Distribution)

Regluarity of Doctor Visits	1962			1975		
	Men	Women	All	Men	Women	All
Visits regularly	---[c]	---[c]	34	0	22[d]	15[d]
Once a week or more	---	---	16	0	2	2
Once a month or more, not weekly	---	---	2	0	14	10
Less than once a month	---	---	16	0	2	2
Visits only when sent for	---	---	66	39	17	23
Not visited	---	---	0	62	61	61
TOTAL	---	---	100	100	100	100
N =[b]	---	---	(50)	(56)	(125)	(181)

[a]Includes bedfast proxy respondents.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. In 1962, 5 persons were unclassifiable. The percentages of eligible respondents who answered these questions in 1975 are: total 98.4, men 94.9, and women 100.

[c]Data not reported in 1962.

[d]Includes 3 weighted cases where frequency of doctor visits is not known.

Table 4-9A indicates the regularity of nurse visits to bedfast persons aged 65 and over. These agencies, together with the limited number of visiting nurse services, and other public and private programs, could scarcely be expected to provide regular nursing care to a half million persons.

In both 1962 and 1975, the major source of help to the bedfast with meal preparation, housework and shopping was the spouse, a husband or a wife, as can be seen in Table 4-10A. Further, the help given by children, both those in and those outside of the household, declined substantially from the first survey to the second. Children, as caretakers, are being replaced by paid helpers. We have no information as to whether these helpers are paid by the old person himself or by some outside agency, but in any case it seems apparent that the adult-child as a full time caretaker of a bedfast old person is less available. This change in the thirteen year period reflects several different developments. The bedfast tend to be among the oldest persons in the elderly population. Their adult children are likely to be themselves middle aged or even older and thus may be themselves physically unable to provide supportive services. In the thirteen years between the two surveys there has also been a major increase in the employment of middle aged women. These women have no time to act as household helpers for aged parents. They apparently have continued to help with shopping, an activity that can be carried on outside of the

TABLE 4-9A: Regularity of Nurse Visits, Bedfast Persons Aged 65 and Over, by Sex[a] (Percentage Distribution)

Regularity of Nurse Visits	1962			1975		
	Men	Women	All	Men	Women	All
Visited	---[c]	---[c]	21	20	18[d]	18[d]
Once a week or more	---	---	17	7	13	11
Once a month or more, not weekly	---	---	4	12	3	7
Less than once a month	---	---	0	0	0	0
Not visited	---	---	79	80	82	82
TOTAL	---	---	100	100	100	100
N =[b]	---	---	(53)	(56)	(125)	(181)

[a]Includes bedfast proxy respondents.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. In 1962, 2 persons were unclassifiable. The percentages of eligible respondents who answered these questions in 1975 are: total 98.4, men 94.9, and women 100.

[c]Data not reported in 1962.

[d]Includes one weighted case where frequency of nurse visits is not known.

TABLE 4-10A: Percentage of Bedfast Persons Aged 65 and Over Reporting Sources of Help with Common Household Tasks[a]

Sources of Help[b]	1962			1975		
	Housework	Meals	Shopping	Housework	Meals	Shopping
Spouse	25	33	24	38	44	30
Child in household	47	45	49	22	26	24
Child outside household	13	11	9	18	10	28
Others in household	10	9	9	2	3	2
Relative outside household	4	2	2	3	1	8
Others outside household	15	20	15	25	25	12
Paid helper	---[d]	---	---	20	18	8
Social services	---[d]	---	---	2	3	2
Other non-relatives	---[d]	---	---	3	4	2
None or self	2	4	4	11	14	2
N =[c]	(55)	(55)	(55)	(181)	(181)	(181)

[a]Includes bedfast proxy respondents.

[b]Percentages do not sum to 100 since more than one source of help could be given.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[d]Data not reported in 1962.

usual day-time working hours. In 1975, compared to 1962,a relatively high proportion of the bedfast said that they had no one to help keep their living quarters clean or to provide them with meals.

There is some indication that the bedfast still resident in the community require less care than their institutional counterparts. A major factor in the decision as to whether a bedfast older person will be institutionalized or not is whether or not he is incontinent. Such incontinence often leads family caretakers, usually adult children, to seek institutional care for elderly parents. Among those bedfast persons interviewed or whose caretakers were interviewed, however, about one-half were able to use the washroom and toilet facilities.

Services for the Ambulatory and Housebound Aged

About one quarter of all elderly persons (other than the bedfast) said that they had spent at least a day in bed because of illness during the past year. Persons who are sick in bed need to have their meals served them, shopping and necessary housework done. Wives are the major source of help reported by older men who were ill, while children, whether in or outside of the household, are the major source of help reported by older women. These reports reflect the difference in marital status between elderly men and elderly women. Most older men, about three-fourths, are married, but most older women, more than half, are widows. Women are also more likely than men to report that other relatives outside of the household helped them with their meal preparation, housework and shopping.

About one of every ten men who had been ill said they had no one

to help them with meal preparation, housework, or shopping. About three of every ten women said no one had helped them with meal preparation or housework. A lesser proportion said that they had no one to help with their shopping. The social services were called on for help more often by sick women than by sick men. It may indeed be that some of the non-relatives who are reported by women as helping with meal preparation represent the mobile meal services which were available in some parts of the United States in 1975, and which were almost non-existent in 1962. Table 4-11A indicates the percentage of elderly persons ill in bed reporting sources of help with common household tasks.

In addition to collecting information on care in illness in both 1962 and 1975 information was collected on help received by the elderly with their personal care and their household tasks. People were asked whether they needed help with washing and bathing themselves, whether they could take care of their own feet, whether they could do heavy housework, and whether they could prepare a light meal for themselves. Two per cent of all old people in 1975 said they were unable to bathe themselves and about 12 per cent said they were unable to care for their feet. The findings are comparable with those for 1962 when three per cent of the elderly said they were unable to bathe themselves and nine per cent were unable to care for their feet.

Between 1962 and 1975 there was a decline in the proportion of persons who said they were helped in bathing by their spouse or their children and a rise in the proportion of persons who said that someone outside of the household, whether private domestic help, a relative, a friend, or a

TABLE 4-11A: Percentage of Persons Aged 65 and Over Ill in Bed Last Year Reporting Sources of Help with Common Household Tasks by Sex: 1975[a]

Sources of Help[b]	Task								
	Housework			Meal Preparation			Shopping		
	Men	Women	All	Men	Women	All	Men	Women	All
Spouse	66	22	37	71	23	40	62	25	38
Child in household	9	15	12	7	13	11	9	16	14
Child outside household	6	18	14	6	19	14	10	25	20
Others in household	4	5	5	5	5	5	4	5	5
Relative outside household	2	6	5	2	6	5	3	8	6
Paid helper	7	9	8	2	3	3	2	2	2
Social services	0	*	*	1	1	1	0	*	*
Non-relative outside household	*	4	3	4	9	7	5	12	9
None or self	10	29	23	10	31	24	9	15	13
N (weighted) =	(501)	(941)	(1442)	(501)	(944)	(1446)	(501)	(941)	(1442)

*Less than 1% after rounding.

[a]Excludes bedfast persons. The percentages of persons ill in bed last year are: total 26, men 22, and women 28.

[b]Percentages do not sum to 100 since more than one source of help could be given.

neighbor, helped them with washing and bathing. This change in the kind of helper reported by the elderly again reflects in some part the increase in social services available to them. These findings can be seen in Table 4-12A.

Care of the feet is a particularly vexing problem for old people. Many of them have changes in the composition of the nail which makes the cutting of toenails difficult or impossible. Others are unable to see or to bend or stoop enough to take care of their own feet. About one of every eight older people in 1975 is unable to cut his own toenails. About two-thirds of old people with this problem say that their family members, their spouse and their children, cut their toenails. In 1962, the category "others outside household" used in Table 13A included the services of podiatrists. At that time, one-fourth of those unable to care for their feet said they were helped by podiatrists, domestic helpers, relatives, friends and neighbors who lived outside the household. By 1975, more than a third of old people who had problems with their toenails said that they were helped by someone outside the household. Among old people unable to cut their toenails, about one-fourth, three of every hundred older Americans,reported using the services of a podiatrist. Payment for this service is not now covered under Medicare except under special circumstances. It apparently is a service that would seem to be essential for

TABLE 4-12A: Percentage of Persons Who are Unable to Bathe Themselves even with Difficulty Who Receive Help in Bathing from Different Sources.[a]

Sources of Help[b]	Persons Unable to Bathe Themselves[c]					
	1962			1975		
	Men	Women	All	Men	Women	All
Spouse	---[d]	---[d]	42	74	19	30
Child in household	---	---	18	0	38	30
Child outside household	---	---	13	11	12	12
Others in household	---	---	10	11	8	8
Others outside household[e]	---	---	13	0	21	17
Social services	---	---	0	0	2	2
None	---	---	4	4	0	1
TOTAL	---	---	100	100	100	100
N =[f]	---	---	(71)	(29)	(108)	(137)

[a]Excludes bedfast persons.

[b]This is a priority code. When more than one source of help was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when spouse was mentioned in combination with any other sources of help, the response was coded under spouse.

[c]The percentages of persons unable to bathe themselves are: 1962, total 3; 1975, total 2, men 1, and women 3.

[d]Data not reported in 1962.

[e]Includes private, domestic help as well as relatives, friends, neighbors, and others.

[f]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 4-13A: Percentage of Persons Unable to Care for Their Feet even with Difficulty Who Receive Help from Different Sources. [a]

Sources of Help [b]	Persons Unable to Care for their Feet [c]					
	1962			1975		
	Men	Women	All	Men	Women	All
Spouse	68	14	32	51	17	28
Child in household	8	29	22	11	20	17
Child outside household	5	15	12	5	15	12
Others in household	5	7	6	3	3	3
Others outside household [d]	12	32	25	7	9	8
Private podiatrist	--- [e]	---	---	20	32	28
Social services	0	0	0	2	1	1
None	1	3	2	2	3	3
TOTAL	100	100	100	100	100	100
N = [f]	(75)	(149)	(224)	(214)	(461)	(675)

[a] Excludes bedfast persons.

[b] This is a priority code. When more than one source of help was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when spouse was mentioned in combination with any other sources of help, the response was coded under spouse.

[c] The percentages of persons unable to care for their feet are: 1962, total 9, men 7, and women 11; 1975, total 12, men 9, and women 14.

[d] Includes private, domestic help as well as relatives, friends, neighbors, and others.

[e] Data not reported separately in 1962; included under "Others outside household."

[f] The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

a large number of older people.

Bathing and footcare are items of personal care. It is understandable that family members prove to be the major helpers of the elderly with these intimate items of care. But what of help in housework and in the preparation of meals? A substantial proportion of the elderly said heavy housework was difficult for them--about 35 per cent in 1975 and 44 per cent in 1962. About one person in seven or eight who had difficulty with heavy housework had no one to help with this task. Once again, family members, husbands, wives and children are reported as the major helpers of the elderly with heavy housework. In 1975 compared to 1962 there was a substantial rise in help reported from persons outside the household, paid help, relatives other than children, friends and neighbors. These findings can be seen in Table 4-14A.

About eight per cent of all old people report that they have difficulty with meal preparation. Here again the major source of help is close family, a spouse and children both in and outside of the household. About one person in nine among those with difficulty is given help by someone outside the household; about one in eight persons who have difficulty preparing a simple meal for themselves have no one to assist them. Table 4-15A shows the percentage of elderly having difficulty in preparing meals.

TABLE 4-14A: Percentage of Persons having Difficulty in Doing Heavy Housework Who receive Help from Different Sources.[a]

Sources of Help[b]	Persons Having Difficulty with Heavy Household Tasks[c]					
	1962			1975		
	Men	Women	All	Men	Women	All
Spouse	48	13	25	48	18	27
Child in household	10	24	19	9	16	14
Child outside household	9	14	12	5	16	12
Others in household	6	10	9	4	5	5
Others outside household[d]	19	22	21	24	32	29
Social services	0	0	0	1	1	1
None	8	17	14	9	12	12
TOTAL	100	100	100	100	100	100
N =[e]	(356)	(637)	(1043)	(590)	(1372)	(1963)

[a] Excludes bedfast persons. Includes persons having difficulty and unable to do tasks.

[b] This is a priority code. When more than one source of help was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when spouse was mentioned in combination with any other sources of help, the response was coded under spouse.

[c] The percentages of persons having difficulty with heavy household tasks are: 1962, total 44, men 35, and women 52; 1975, total 35, men 26, and women 41.

[d] Includes private, domestic help as well as relatives, friends, neighbors, and others.

[e] The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 4-15A: Percentage of Persons having difficulty in Preparing Meals who receive help from different sources.[a]

Sources of Help[b]	Persons Having Difficulty with Meal Preparation[c]		
	Men	Women	All
Spouse	67	23	43
Child in household	12	33	23
Child outside household	3	6	5
Others in household	2	8	6
Others outside household[d]	6	14	11
Social services	0	0	0
None	8	15	12
TOTAL	100	100	100
N (weighted) =	(184)	(232)	(416)

[a]Excludes bedfast persons. Includes persons having difficulty and unable to do task.

[b]This is a priority code. When more than one source of help was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when spouse was mentioned in combination with any other sources of help, the response was coded under spouse.

[c]The percentages of persons having difficulty with meal preparation are: total 8, men 8, and women 7.

[d]Includes private, domestic help as well as relatives, friends, neighbors, and others.

Table 4-16A summarizes the reports on the proportion of the American population unable to do or having difficulty in doing personal and household tasks. The percentages are rounded to the nearest whole number, but the estimated effected populations are based on the actual rather than the rounded percentages. In both surveys, the tasks which were most difficult for people were cutting their own toenails, among items of personal care, and heavy housework, among items of maintenance care. In 1975 one of every eight older Americans was completely unable to cut his toenails, and one in every five was either unable to do this or found the task difficult. The actual number of Americans with this problem of personal care was very large, about 3.8 million. In the instance of housework, one of every four older Americans was unable to perform this task, one of every three was either unable to do housework or found this task difficult. The number of elderly persons with this problem was 6.4 million.

Some help with personal care comes from the social services. Most help, however, comes from family members. Two per cent of all elderly, however, are unable to cut their toenails and have no help of any kind, 11 per cent cannot do housework and have no help of any kind. The numbers here are again large, 276,000 in the instance of those without needed help in the care of their feet, 2.1 million without help with housework.

Barriers to Needed Medical and Dental Care

Old people put off both medical and dental care which they feel they need. About 13 per cent of all older people said they needed medical care, but had put off receiving such care. An even higher pro-

TABLE 4-16A: Percentage of Persons Aged 65 and Over Who are Unable to Do or Have Difficulty Doing Personal and Household Tasks and Who Receive Social Services or Have No Help with these Tasks[a]

Personal or Household Tasks	Unable to Do Task		Number in Population (in 1000's)[b]		Unable to Do Task or Having Difficulty		Number in Population (in 1000's)[b]	
	1962[c]	1975[c]	1962	1975	1962[c]	1975[c]	1962	1975
Wash and bathe	3	2	467,9	442,3	10	8	1,559,7	1,437,5
Dress	2	2	311,9	313,3	8	8	1,247,8	1,437,5
Cut toenails	9	12	1,434,9	2,193,1	19	21	2,964,5	3,851,8
Prepare cup of coffee	3	2	467,9	313,3	7	3	1,091,4	626,6
Prepare meal	6	4	935,8	700,3	11	8	1,715,6	1,382,2
Light housework	5	4	779,8	681,9	12	9	1,871,8	1,603,4
Heavy housework	32	27	4,991,0	4,920,7	44	35	6,925,2	6,431,9
Personal or Household Tasks	**Unable to Do Task or Having Difficulty, with Social Services**		**Number in Population (in 1000's)[b]**		**Unable to Do Task or Having Difficulty, with No Help**		**Number in Population (in 1000's)[b]**	
	1962	1975[d]	1962	1975	1962[d]	1975[d]	1962	1975
Cut toenails	---[e]	1	---[e]	202,7	*	2	31,2	276,4
Heavy housework	---	1	---	147,4	6	11	934,3	2,101,0
Help in illness during past year with:								
Meals	---	3	---	608,2	3	5	430,5	866,2
Housework	---	*	---	73,7	3	18	482,0	3,262,0

*Less than 1% after rounding.

TABLE 4-16A: Percentage of Persons Aged 65 and Over Who are Unable to Do or Have Difficulty Doing Personal and Household Tasks and Who Receive Social Services or Have No Help with these Tasks[a] (continued)

[a]Excludes bedfast persons.

[b]Population estimates are based on actual rather than rounded percentages. For 1962, population estimates are based on the total population aged 65 and over in private households, i.e., total population minus estimated long-stay institutional population: 15,597,200. For 1975, population estimates are based on the total non-bedfast population aged 65 and over in private households, i.e., total population minus estimated long-stay institutional population and minus estimated bedfast population in private households: 18,429,461.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Due to differences in non-response for these questions, the weighted number of cases for each task ranges from 5638 to 5641.

[d]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. The weighted number of cases on which these percentages are based is: cutting toenails 1185, heavy housework 1968, help in illness with meals 211, and help in illness with housework 782.

[e]Data not reported in 1962.

portion, 16 per cent, said that they needed dental care but have put off such care. The kinds of medical care delayed or postponed are checkups, physical examinations, surgery and treatments for various complaints. The kinds of dental care postponed are extractions, treatments for gum diseases, and the replacement or securing of dentures. Lack of money is the main reason why people postpone both medical and dental care. One-third of all persons who said that they put off needed care or treatment from a doctor delayed such care because of lack of money. About another third delayed such care because they felt the illness was not severe enough to require a doctor visit. Almost one-half of all persons who delayed dental visits said that lack of money was the primary reason for such a delay. Other reasons given for not going to the dentist were general procrastination, problems with transportation, and feeling that the dentist could not really help with the problem. Some respondents said frankly that they did not like dentists. Tables 4-17A and 4-18A summarize these findings.

Summary

The development of public and private support systems has not eliminated the role of the family as the caretaker of the aged sick or as the helper of the frail elderly. The family is the major source of assistance to the elderly when they are ill, and the major provider of those personal services which make it possible for old people to continue to live in the community.

Old people in 1975 compared to 1962 were more likely to report that

TABLE 4-17A: Reasons for Putting Off Needed Care or Treatment from a Doctor, Persons Aged 65 and Over, by Sex: 1975[a] (Percentages)

Reasons	Men	Women	All
Don't have a doctor	*	*	*
Money	4	2	4
Fear	2	1	1
General procrastination	3	1	3
Difficulty and delay in getting care	*	1	1
Transportation problems	1	2	2
Don't like or trust doctors	1	1	1
Doctor can't help	1	1	1
Illness not severe enough	1	1	1
Other	1	*	1
N (weighted) =	(2306)	(3435)	(5740)

*Less than 1% after rounding.

[a]The percentages of persons who needed care or treatment but put it off are: total 13, men 13, and women 14.

TABLE 4-18A: Reasons for Putting Off Needed Care or Treatment from a Dentist, Persons Aged 65 and Over, by Sex: 1975[a] (Percentages)

Reasons	Men	Women	All
Don't have a dentist	*	1	1
Money	8	6	7
Fear	2	1	1
General procrastination	4	3	3
Difficulty and delay in getting care	1	1	1
Transportation problems	1	2	1
Don't like or trust dentists	1	1	1
Dentist can't help	1	1	1
Problem not severe enough	2	1	1
Don't want to lose teeth	1	*	1
Other	*	*	*
N (weighted) =	(2309)	(3429)	(5738)

*Less than 1% after rounding.

[a]The percentages of persons who needed care or treatment but put it off are: total 16, men 18, and women 14.

they had been hospitalized during the preceding year, and less likely to report that a doctor had visited them when they were ill at home. The proportion of old people with recent visits to doctors have remained much the same over the 13 year period. Housebound persons and persons who can get about only with difficulty were more likely than those without restrictions on their mobility to report that they had recently seen a doctor. A major change between 1962 and 1975 was a decline in the proportion of persons who had not seen a doctor for as long as a year or more.

Three per cent of all persons located in the 1975 screening sample, and two per cent of those interviewed, were bedfast. The bedfast are probably in the greatest need of supportive health and welfare services of all the community resident aged. Two of every three among the bedfast were neither visited regularly by a doctor nor did they have a regular doctor they could call on. Only about one in five was regularly visited by a nurse. Husbands and wives were the major caretakers of the bedfast. Adult children are no longer as active as they were in the care of the bedfast. Instead, there are more reports of paid helpers supplying care and services.

Those old people who said that they had spent at least a day in bed because of illness during the year reported care by their spouse, in the instance of men, and by adult children in the instance of women. The social services gave some help with personal care for both men and women, but most help to the elderly in such illness came from family members.

Not having enough money was still a deterrant to the use of medical

care in 1975. About four per cent of all older people in 1975, roughly three-quarters of a million persons, said that they put off needed medical treatment because of lack of money; about seven per cent of all older people, about 1.4 million, said that they put off dental care because of lack of money.

CHAPTER IV

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CHAPTER V

FAMILY STRUCTURE AND FAMILY RESOURCES IN OLD AGE

The integration of the elderly within the family and with the larger kinship system has become a topic of increasing interest to researchers. Two factors have been primarily responsible for this interest: (1) the present conceptualization of the American family as an active network of related persons of several generations and (2) the refutation of the belief that societal disengagement is inevitable for all older persons. The majority of elderly persons are not isolated nor disengaged from their immediate families and other more distant kin. Rather, the family is one of the major sources of support in old age.

In this chapter we examine the family structure and family resources of elderly persons. The structure of the family network reflects the demographic trends of the society. It depends upon the number, sex, and marital status of an individual's relatives. An understanding of the family structure of elderly persons provides us with a sense of the kinds of resources available to them for mutual exchange of help and support. More specifically, in this chapter we examine the number of generations in the family, the marital status of the elderly, and the presence of children and other relatives in the family network. In the next chapter, we concentrate on the living arrangements of the elderly and proximity of the elderly to their children.

Theoretical Perspective

There has been much controversy in the sociological literature about the conceptualization of the American family. In the three chapters

of this report which are concerned with the family life of elderly persons, we take the position that the family of the aged can best be characterized as a kinship system--a network of mutual supports among individual households of persons related by blood and marriage. This network extends not only across households but also across generations of related kin and functions indirectly and noncoercively for its members. Its tasks complement those of both the individual households of related kin and other social systems such as the health and occupational systems (Litwak, 1960; Sussman and Burchinal, 1962).

The major activities carried on in the kinship system are mutual aid and social activities; these are discussed more fully in chapter 7 of this report. The activities of this network have implications for the functioning of other social systems. For example, family members are increasingly functioning as links between the elderly person and bureaucratic agencies providing services for the elderly. This involvement of the family with bureaucracy has the potential of forcing agencies to be more receptive to human desires and human needs (Shanas and Sussman, 1977).

Among middle and working class families, the family network is used as a major source of help during periods of difficulty, crises, and on ceremonial occasions and holidays. Aid is sought first from the most immediate kin and then from more distant relatives. Some differences along social class lines do exist in regard to types of help provided. Middle class families are able to exchange more financial aid than working class families while the latter, because their family members often live in closer proximity, are able to exchange more services and routine

visits than are middle class families. Regardless of social class, interactions between family members tend to be affectionate in nature and based upon participation by choice. Modern communication and transportation facilitate the contacts and exchanges among family members of this kinship system.

Demographic Trends and the Family Life Cycle

Demographic changes in population characteristics and vital rates have important effects on family structure and family resources. Increased life expectancy, differential longevity for men and women, and other demographic variables related to the family life cycle have a direct impact on the family life of older people.

The population aged 65 and over has increased markedly since the turn of the century. At that time there were some three million elderly persons, about four per cent of the total population. Today the 22.5 million elderly make up between 10 and 11 per cent of the total population (U. S. Bureau of the Census, 1976; Myers and Soldo, 1977). Persons born around 1900 could expect to live around 47 years; by 1973 life expectancy had increased to 71 years (U. S. Department of Health, Education and Welfare, 1975).

Not only is our population living longer, but the difference in life expectancy between men and women has increased substantially. Men born at the turn of the century had a life expectancy of 46 years and women born at that same time, approximately 48 years. Today the average man can expect to live about 68 years and the average woman 75 years--a difference of about seven years in favor of women. This difference in life expectancy between men and women has increased by five years

since 1900.

These changes in longevity have extended the family life cycle into old age. Widowhood occurs later and has become a stage in the family life cycle, especially for women. In addition to living longer than men, women tend to marry men older than themselves, and widowed men are more likely than widowed women to remarry. Widowers have a larger pool of potential mates from which to select a marriage partner because there are more women than men in the older cohorts and because men can select marriage partners also from among younger women.

The age at first marriage and the age of parenthood determine the span between the different generations in a society. As Table 5-1A shows, with the exception of the two most recent cohorts (women born during the 1940's and 50's), the average age at first marriage for women in the United States has declined gradually over the past decades. For these same cohorts, the birth of the first child has been occurring at earlier ages, and overall, the number of years between the birth of the first child and the birth of the last child has been reduced by approximately three years. With the exception of the post World War II baby boom, the average number of children per family has gradually declined. Earlier marriage, earlier childbirth, and fewer large families contribute toward a narrowing of the average number of years between successive generations. In addition, marriage of the last child is occurring earlier and death of a spouse later than in past decades. Thus, the period of the post-parental family--husband and wife sharing the household together after the children have grown and left home--has been increased considerably, and eventually this period extends into what has been labeled the retirement family.

TABLE 5-1A: Median Age of Women at Selected Stages of the Family Life Cycle and Average Number of Children Born by Decade of Birth

Stage of the Family Life Cycle	Decade of Birth							
	1880's	1890's	1900's	1910's	1920's	1930's	1940's	1950's
First marriage	21.4	21.2	21.0	21.4	20.7	20.0	20.5	21.2
Birth of first child	23.0	22.9	22.8	23.5	22.7	21.4	21.8	22.7
Birth of last child	32.9	32.0	31.0	32.0	31.5	31.2	30.1	29.6
Marriage of last child	55.4	54.8	53.0	53.2	53.2	53.6	52.7	52.3
Death of one spouse	57.0	59.6	62.3	63.7	64.4	65.1	65.1	65.2
Number of children born:								
Per woman[a]	2.9	2.6	2.2	2.3	2.8	3.1	2.5	2.2
Per woman ever married	3.3	2.9	2.4	2.5	3.0	3.2	2.6	2.3
Per mother	3.9	3.4	3.1	2.9	3.3	3.5	2.8	2.5

[a]For women at or near the end of the reproductive period (in their forties).

Source: Glick, Paul C., "Updating the Life Cycle of the Family," Journal of Marriage and the Family, Volume 39, No. 1 (February, 1977), pp. 5-14.

Changes over time such as those discussed have implications for the family structure of the elderly. Table 5-2A reveals that the majority of elderly persons belong to families of three and four generations, 76 per cent in 1962 and 74 per cent in 1975. In addition to belonging to multi-generational families, most of these persons have more than one child; thus, they have available to them a variety of family members as resources for aid and support.

Increased longevity and the shortened span between the generations have resulted in there being more four generation families in 1975 than in 1962, 36 per cent and 32 per cent, respectively. The trend toward smaller families is responsible for a slight increase in families of one generation only, 21 per cent in 1975 compared to 18 per cent in 1962. Slightly more than one-third of the elderly persons in one generation families are married. The largest proportion of persons in one generation families, then, are the unmarried, some of whom have no surviving siblings. This latter group, due to lack of family resources, is the most vulnerable to the crises of old age.

In addition to the number of generations in a family, the sex of near relatives is also important in the integration of the elderly with the kinship system. Family interactions are most frequently initiated by women, and women tend to maintain closer ties with their own as opposed to their husbands' families. Thus, elderly persons who are childless or who have no daughters are also a potentially vulnerable

group. This group increased from 24 per cent in 1962 to 28 per cent in 1975 as Table 5-2A shows.

Marital Status and the Elderly

The majority of the population aged 65 and over is married and living together with a spouse. Overall, the marital status of the elderly remained relatively unchanged between the two surveys. As Table 5-3A shows, slightly over half of the elderly in both 1962 and 1975 were married, 55 per cent and 52 per cent, respectively. A relatively large minority of the elderly, however, were widowed, slightly over a third in both years. When the divorced and separated are added to this latter group, those previously married make up approximately 40 to 45 per cent of the elderly population. Only about one elderly person in twenty has never been married. The large proportion of unmarried persons among the population aged 65 and over is reason for concern since mortality rates are higher and the possibility of institutionalization greater among this group.

Whether a person is married or unmarried in old age is a function of one's age and sex. Men are more likely to be married, and women are more likely to be widowed. For both men and women, persons under age 75

TABLE 5-2A: Number of Generations in the Family and Presence of Near Relatives, Persons Aged 65 and Over: 1962 and 1975 (Percentage Distribution)

Number of Generations in Family and Presence of Near Relatives	1962	1975
One	18	21
Childless, unmarried, no siblings	3	3
Childless, unmarried, with siblings	8	10
Childless, married, no siblings	2	2
Childless, married, with siblings	5	6
Two	6	4
One son only, no grandchildren	2	2
One daughter only, no grandchildren	2	2
More than one child, no grandchildren	2	1
Three	44	38
One son only, with grandchildren	4	5
One daughter only, with grandchildren	6	7
More than one child, with grandchildren	35	27
Four	32	36
One child only, with grandchildren and great-grandchildren	3	5
More than one child, with grandchildren and great-grandchildren	29	31
TOTAL	100	100
N =[a]	(2436)	(5723)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 5-3A: Marital Status, Persons Aged 65 and Over, by Sex (Percentage Distribution)

Marital Status	1962			1975		
	Men	Women	All	Men	Women	All
Never married	3	6	5	4	6	5
Married	76	38	55	76	36	52
Widowed	17	52	37	14	52	37
Divorced or separated	4	4	4	6	5	6
TOTAL	100	100	100	100	100	100
N = [a]	(1081)	(1361)	(2442)	(2315)	(3441)	(5756)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Detailed information on non-response is not given in this or subsequent tables if 98% or more of the eligible respondents provided information.

are more likely than those 75 and over to be married. By age 75, the likelihood of being widowed has begun to increase and continues to increase with advancing age. By age 80 and over, the proportion of the elderly who are married has dropped to 34 per cent as compared to 65 per cent for the 65 to 66 year group and 52 per cent for elderly of all ages (see Table 5-4A).

When age and sex are examined simultaneously, Table 5-4A, the differences in marital status for men and women are even more pronounced. For both 1962 and 1975, men at all ages were more likely to be married than widowed. In contrast, in 1962 women were more likely to be married only among the 65 to 66 year olds, and in 1975, only among the 65 to 69 year olds. Among those persons 80 and over in 1962, 50 per cent of the men but only 10 per cent of the women were married. The same pattern is again apparent in 1975, 68 per cent of the men 80 years of age and over were married, while only 16 per cent of the women in this age group were married. It is interesting to note that from 1962 to 1975, the proportion of married persons 80 and over increased for both men and women. In 1962 some 56 per cent of the men and 10 per cent of the women in this age group were married; in 1975 the proportion of married men increased to 68 per cent and the proportion of married women to 16 per cent. Especially among persons 80 and over, the proportions married were relatively high in 1975. This may be due to changing values, specifically more permissiveness among the elderly and their families in regard to remarriage.

TABLE 5-4A: Marital Status, Persons Aged 65 and Over, by Sex and Age (Percentage Distribution)

Marital Status and Sex	1962						1975					
	65-66	67-69	70-74	75-79	80+	All Ages	65-66	67-69	70-74	75-79	80+	All Ages
Men												
Married	81	87	78	71	56	76	80	81	77	70	68	76
Widowed, divorced, separated	15	12	18	26	42	21	16	14	19	26	27	20
Never married	4	1	4	3	2	3	4	5	4	4	5	4
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100
N =[a]	(176)	(230)	(347)	(182)	(146)	(1081)	(416)	(474)	(673)	(410)	(341)	(2315)
Women												
Married	54	46	40	29	10	37	53	49	37	28	16	36
Widowed, divorced, separated	40	47	54	67	81	56	40	44	58	64	80	58
Never married	5	6	6	4	9	6	7	7	5	8	4	6
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100
N =[a]	(205)	(303)	(423)	(226)	(191)	(1348)	(525)	(710)	(937)	(604)	(665)	(3441)
All												
Married	---[b]	---	---	---	---	---	65	62	54	45	34	52
Widowed, divorced, separated	---[b]	---	---	---	---	---	30	32	42	49	62	42
Never married	---[b]	---	---	---	---	---	5	6	4	6	4	5
TOTAL	---[b]	---	---	---	---	---	100	100	100	100	100	100
N =[a]	---[b]	---	---	---	---	---	(941)	(1184)	(1610)	(1014)	(1006)	(5756)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Data not reported in 1962.

Presence of Children Among the Elderly

Adult children are a major resource and source of support for old people in our society. The presence of children strongly influences the living arrangements, social relationships, and general well-being of the elderly. According to the survey findings in both 1962 and 1975, approximately four of every five persons 65 years of age and over have at least one surviving child.

The number and sex of one's children are important in understanding the resource structure available to an elderly person. Those with several children are more likely than others to have a child living in close geographic proximity to them. In times of illness or crisis, several children can share the psychological burden and responsibility of care for an aged parent more easily than an only child. As Table 5-5A shows, elderly parents had fewer children in 1975 than in 1962. The likelihood of having only one or two children increased by eight per cent between the two survey years, while the likelihood of having six or more children decreased. Some 19 per cent of elderly parents had six or more children in 1962; for 1975 the proportion of persons with this many children dropped to 13 per cent.

TABLE 5-5A: Number of Surviving Children, Persons Aged 65 and Over with Children in 1962 and 1975 (Percentage Distribution)

Number of Surviving Children	1962	1975
1	20	25
2	23	26
3		17
4	> 38	13 > 35
5		6
6		5
7 or more	> 19	> 13 8
TOTAL	100	100
N = [a]	(2011)	(4566)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

These changes in family size between 1962 and 1975 reflect a trend toward smaller families among later cohorts. Although this pattern is evident across age groups, the differences in family size are most apparent in the 65 to 69 year old cohorts and least apparent in the cohorts 80 years old and over. The percentage of persons aged 65 to 69 with an only child increased between 1962 and 1975 from 21 per cent to 28 per cent. The proportion of these persons with six or more children decreased from 18 per cent in 1962 to 10 per cent in 1975. Among persons 80 years old and over with children, 22 per cent had only one child in 1962 compared to 24 per cent in 1975. The proportion of persons 80 and over with six or more children, 17 per cent, remained unchanged between the survey years as can be seen in Table 5-6A.

Whether an old person's children are all sons, all daughters, or include both sons and daughters is relevant in understanding the resources available to that elderly person. Daughters take a more active role than sons in the care of aged parents. The presence of daughters, then, links the older person to the kinship system more effectively than does the presence of sons. From Table 5-7A, we can see that the proportion of elderly parents with two or more daughters or with children of both sexes decreased between 1962 and 1975, from 70 per cent to 64 per cent, respectively.

TABLE 5-6A: Number of Surviving Children, Persons Aged 65 and Over with Children, by Sex and Age (Percentage Distribution)

Number of Surviving Children and Sex of Respondent	1962				1975			
	65-69	70-74	75-79	80+	65-69	70-74	75-79	80+
Men								
1	20	22	18	22	25	18	28	29
2	26	21	22	24	28	29	25	14
3-5	38	42	37	35	37	39	35	41
6 or more	17	15	23	19	10	14	12	17
TOTAL	100	100	100	100	100	100	100	100
N =[a]	(337)	(281)	(155)	(127)	(724)	(549)	(329)	(257)
Women								
1	21	18	17	23	30	25	26	21
2	23	21	22	25	32	27	22	23
3-5	36	40	39	36	29	35	35	39
6 or more	19	21	22	16	9	13	17	17
TOTAL	100	100	100	100	100	100	100	100
N =[a]	(421)	(349)	(189)	(146)	(933)	(724)	(482)	(567)
All								
1	21	20	18	22	28	22	27	24
2	24	21	22	25	30	28	23	20
3-5	37	41	38	38	32	37	35	39
6 or more	18	19	22	17	10	13	15	17
TOTAL	100	100	100	100	100	100	100	100
N =[a]	(758)	(630)	(344)	(273)	(1657)	(1273)	(811)	(825)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 5-7A: Number of Sons and Daughters, Persons Aged 65 and Over with Children, by Sex (Percentage Distribution)

Sex of Children	1962			1975		
	Men	Women	All	Men	Women	All
One son only	8	8	8	12	11	12
One daughter only	12	12	12	12	15	14
Two or more sons	8	10	9	12	11	11
Two or more daughters	71	70	70	11	10	10
Children of both sexes				54 → 64	53 → 63	54 → 64
TOTAL	100	100	100	100	100	100
N =[a]	(900)	(1111)	(2011)	(1859)	(2707)	(4566)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

Adult children who are or have been married have their own family responsibilities; yet, they may be more likely than unmarried children to establish mutual help patterns with elderly parents because of their closer ties with the family network. Their lives center around rearing children and providing for the family household much like their parents' lives did at an earlier stage in the family life cycle. Their shared experiences with elderly parents may facilitate a better understanding between the two generations and a stronger basis for reciprocal aid. Moreover, their children provide an additional role for the elderly person--that of grandparent, and involvement with grandchildren can further integrate the elderly with the family network. Most elderly persons with surviving children have at least one married or previously married child, 97 per cent in both 1962 and 1975. Table 5-8A shows the proportion of aged parents with married and previously married daughters, 79 per cent in 1962 and 74 per cent in 1975.

The findings in regard to the presence of children among the elderly show that the majority of persons aged 65 and over have at least one child available as a resource. Yet, there are indications that children in the future could become less of a resource for aging parents than they have been in the past. Involvement with the kinship system is most

TABLE 5-8A: Percentage of Persons Aged 65 and Over with Children, Who Have Married or Previously Married[a] Sons or Daughters

Characteristics of Children	1962	1975
Percentage of persons with:		
A married or previously married daughter	79	74
A married or previously married son	74	72
At least one married or previously married child	97	97
Number with children =[b]	(2012)	(4566)

[a]Includes widowed, separated, and divorced persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

often maintained by married children, especially daughters, and in 1975 elderly parents had fewer children to be involved with and fewer married daughters to maintain family interaction. These changes in family structure suggest the need for other support systems to assist the family as it adapts to meet the needs of the elderly in our society.

Presence of Other Relatives among the Elderly

These changes occurring in family structure also have implications for involvement of the elderly with grandchildren and great-grandchildren. The amount of contact elderly persons have with grandchildren and great-grandchildren may depend, in part, upon whether their own children are sons or daughters. Because daughters generally maintain closer ties with their own families rather than their husbands' families, elderly persons with married or previously married daughters may have more opportunity than other elderly persons to see and interact with grandchildren.

Most elderly persons with children also have grandchildren, approximately nine of every ten according to Table 5-9A. Men and women are equally likely to have grandchildren, and persons in each age group from 65 onwards are equally likely to report that they have grandchildren.

Most persons 65 years of age and over who are grandparents are comfortable with the role and find pleasure and pride in it. Whether interactions with grandchildren are frequent or meaningful varies considerably among the elderly, however,
class elderly persons respond to grandchildren in a formal, traditional

TABLE 5-9A: Percentage of Men and Women Aged 65 and Over with Children, Who Also Have Grandchildren and Great-Grandchildren

Presence of Grandchildren and Great-Grandchildren	1962			1975		
	Men	Women	All	Men	Women	All
Percentage of persons with:						
Grandchildren	93	94	93	93	95	94
N =[a]	(897)	(1100)	(2007)	(1853)	(2702)	(4555)
Great-Grandchildren	34	45	40	37	52	46
N =[a]	(882)	(1094)	(1976)	(1840)	(2698)	(4538)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

grandparenting style (Neugarten and Weinstein, 1964). They have little authority over grandchildren, do not become involved in rearing them, but do maintain an active interest in them and occasionally perform minor services for them such as babysitting. Among working class elderly we would expect a much less formal grandparenting style. Data from a representative sample of persons aged 65 and over in the United States --a sample which included elderly with working class as well as middle class backgrounds--revealed that half of the elderly with grandchildren gave help to them. This proportion of elderly persons actively involved with grandchildren is relatively high when compared to the proportion of elderly reporting help to grandchildren in Britain and Denmark, 33 per cent and 13 per cent, respectively (Shanas, et. al., 1968).

Regardless of the grandparenting style or the proportion of elderly grandparents who help their grandchildren, the emotional distance between elderly grandparents and grandchildren may have increased in recent years as a result of the narrowing of the span between the generations. Fewer grandchildren of the elderly are infants and young children and more are adolescents, and among adolescents interactions with age peers are more important than interactions with old people. Today grandparenting may be a more integrative role for the middle-aged rather than the elderly.

A fairly substantial proportion of elderly persons with children also have great-grandchildren. Table 5-9A reveals that 40 per cent of these elderly persons have great-grandchildren in 1962, and the proportion increased to 46 per cent in 1975. Because women live longer than men, they are more likely to be part of four generation families. In both years, women were more likely than men to have great-grandchildren,

and the percentage increase of persons with great-grandchildren between 1962 and 1975 was also greater for women. According to Table 5-9A, some 45 per cent of the women had great-grandchildren in 1962; this proportion increased to 52 per cent in 1975--an increase of seven per cent. There was no great change in the proportion of men with great-grandchildren between survey years, 34 per cent in 1962 and 37 per cent in 1975.

The likelihood of having great-grandchildren increased with age for both men and women in 1962 and 1975. A comparison of persons 65 to 66 years of age with those 80 years old and over illustrates clearly the relationship between age and likelihood of having great-grandchildren. In 1975, one person in every four in the youngest age group had great-grandchildren while among those 80 years of age and over, this proportion increased to almost three of every four persons as seen in Table 5-10A.

Belonging to a four generation family has a variety of consequences for elderly persons. For the very old, the presence of great-grandchildren can provide personal fulfillment and a sense of continuity with the future. At the same time, contact with great-grandchildren may be infrequent; and relationships between active, young children and frail or ill elderly persons can be difficult to establish and maintain in any meaningful way. In addition, the very old may find themselves competing with great-grandchildren for scarce family resources.

TABLE 5-10A: Percentage of Persons Aged 65 and Over with Children, Who Also Have Grandchildren and Great-Grandchildren, by Age and Sex

Presence of Grandchildren and Great-Grandchildren and Sex of Respondent	1962					1975				
	65-66	67-69	70-74	75-79	80+	65-66	67-69	70-74	75-79	80+
With grandchildren										
Men	92	94	91	95	92	92	93	94	93	93
N =[a]	---[b]	---	---	---	---	(324)	(393)	(549)	(329)	(257)
Women	95	91	95	97	90	94	96	94	97	95
N =[a]	---[b]	---	---	---	---	(390)	(540)	(724)	(480)	(568)
All	---[b]	---	---	---	---	93	95	94	95	94
N =[a]	(308)	(449)	(628)	(343)	(273)	(714)	(933)	(1273)	(809)	(825)
With great-grandchildren										
Men	15	27	34	40	57	16	26	33	53	66
N =[a]	---[b]	---	---	---	---	(321)	(387)	(549)	(326)	(257)
Women	32	29	45	59	68	32	32	51	66	75
N =[a]	---[b]	---	---	---	---	(390)	(540)	(721)	(479)	(568)
All	---[b]	---	---	---	---	25	29	43	61	72
N =[a]	(301)	(437)	(624)	(336)	(273)	(711)	(927)	(1270)	(805)	(825)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Data not reported in 1962.

For the younger and more active elderly, being part of a four generation family may bring added family responsibility. Persons in the "generation in the middle" may find themselves attempting to meet the needs of old parents as well as adult children and grandchildren (Shanas, et. al., 1968). For retired persons with limited energy and limited financial resources, responsibilities such as caring for an invalid parent in the home or providing a parent with institutional care cannot be met without some assistance from the larger society.

As persons grow old, they tend to renew and re-establish relationships with surviving siblings. Especially among old persons without a spouse or children, a brother or sister often becomes a major social resource and link with the family network. Approximately four of every five elderly persons had at least one living sibling in both 1962 and 1975 according to Table 5-11A.

Men were slightly more likely than women to have at least one sibling. In 1962, some 82 per cent of the men and 76 per cent of the women had a sibling; in 1975, these percentages were 84 and 80 per cent, respectively (see Table 5-11A). Younger age groups among the elderly are much more likely than older ones to have a living sibling as a result of the death of contemporary kin as one ages. As Table 5-12A shows, approximately 85 to 90 per cent of the population 65 to 69 years of age compared to less than 75 per cent of those aged 75 and over have a living sibling.

TABLE 5-11A: Number of Surviving Siblings, Persons Aged 65 and Over, by Sex (Percentage Distribution)

Presence of Surviving Siblings and Marital Status of Respondents	1962			1975		
	Men	Women	All	Men	Women	All
With no surviving siblings	18	24	21	16	20	18
Unmarried persons,[a] no children	2	5	3	2	4	3
Married persons, no children	2	1	2	3	1	2
Unmarried or married persons, with children	14	18	16	11	14	13
With surviving siblings	82	76	79	84	80	82
1	---[c]	---[c]	---[c]	23	20	21
2	---	---	---	17	18	18
3	---	---	---	14	16	15
4	---	---	---	10	10	10
5 or more	---	---	---	20	17	18
TOTAL	100	100	100	100	100	100
N =[b]	(1076)	(1358)	(2434)	(2309)	(3434)	(5742)

[a]Includes widowed, separated, divorced, and never married persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1962.

TABLE 5-12A: Number of Surviving Siblings, Persons Aged 65 and Over, by Age (Percentage Distribution)

Number of Surviving Siblings	1962			1975		
	65-69	70-74	75+	65-69	70-74	75+
None	14	22	29	13	15	27
1				19	19	26
2				18	19	16
3	86	78	71	15 (87)	17 (85)	14 (73)
4				12	10	7
5 or more				23	20	10
TOTAL	100	100	100	100	100	100
N =[a]	(910)	(769)	(742)	(2122)	(1609)	(2010)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

Only a very small proportion of all elderly persons are without major family roles. In both 1962 and 1975, some three per cent of the elderly had no spouse, children, or siblings (see Table 5-11A). These persons appear to be the least strongly tied to the family network; however, they are not necessarily without family resources. They may have collateral kin (cousins, nieces, and nephews) who substitute for lack of children, grandchildren, and siblings as sources of support. This pattern of substitution is most common among the older, more vulnerable elderly (Rosow, 1967, 1970; Shanas, et. al., 1968).

Summary

In this chapter, we have focused on the family structure of the population 65 years of age and over and the presence of family members as resources for elderly persons. Findings from the 1962 and 1975 national surveys indicate that these persons are not isolated and alone; rather, they have a variety of relatives who serve as potential sources of support in the family network. Three of every four elderly persons are members of multi-generational families. Over half of them are married and living with a spouse, and four of every five have at least one living child. Of these elderly persons with children, 90 per cent have grandchildren and over 40 per cent have great-grandchildren. Most of the elderly--four of every five--also have at least one living sibling. Some three per cent of the elderly population are without spouse, children, and siblings. These persons may make use of more distant kin

to compensate for lack of immediate family resources in the same way that the widowed substitute children and siblings for loss of a spouse to maintain involvement in the kinship system.

Age and sex of elderly persons as well as number and sex of children and siblings influence family structure and family resources. The very old tend to lose family members through death of same generation kin, but are also more likely than younger elderly to be a part of four generation families. Women, regardless of age, are more actively involved than men in maintaining families ties. The presence of more than one child and at least one daughter help to integrate the elderly within the family network. Both the number of children in general and the number of married daughters in particular have decreased among the elderly from 1962 to 1975. These findings suggest that the family may become less able to meet all of the needs of elderly persons. Changes in family structure coupled with the increasing independence among women in our society indicate the necessity for other societal support systems to supplement the family in caring for older persons, both today and in the future.

CHAPTER V

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CHAPTER VI

LIVING ARRANGEMENTS OF OLDER PERSONS AND THEIR PROXIMITY TO ADULT CHILDREN

Many people believe that the majority of persons aged 65 and over are living isolated lives in the community or are residing in institutional settings. Today, however, the married couple survives as a pair into old age, and many unmarried elderly persons are living alone by choice. Certainly, illness, infirmity, and death of one's age peers--both relatives and friends--do increase with age; however, people adapt to these losses which accompany growing old, especially when family resources are available to them. The widower may remarry; the elderly woman who has never married may live with a sister; and the feeble elderly person may move in with or live close to an adult child. Only about five per cent of all elderly persons live in long-term institutions at any given time (U. S. Bureau of the Census, 1976). Most of these persons come from the older, sicker, and more incapacitated segment of the elderly population.

The living arrangements of older persons, their proximity to family members outside the household, and their contacts with and exchange of services among related persons serve as indicators of the functioning of the kinship system as a provider of social support to the elderly. In this chapter we report on: the effects of marital status, sex and age on the living arrangements of the elderly; the living arrangements of the parents of persons aged 65 and over; the relationship between living arrangements and incapacity of old people; and the length of residence of old people in the household and their proximity to adult children.

Details of kinship interaction and family help patterns are given in chapter seven.

The Living Arrangements and Marital Status of the Elderly

The population aged 65 and over in our society wants to be independent. The living arrangements of the elderly reflect this desire. Living arrangements which result in more independence for the elderly have increased considerably between 1962 and 1975. Among the unmarried elderly the majority live alone. Many prefer the occasional periods of loneliness experienced when living alone to the loss of autonomy and identity which can result when living in the households of others. Living with children or others tends to occur primarily among those who do not have the financial resources or the good health to maintain independent living. The proportion of these persons has been declining in recent years.

Living arrangements of the elderly vary considerably according to their marital status--whether they are married or unmarried (separated, divorced, widowed, or never married). In addition to marital status, the sex and age of elderly persons influence whether they live alone or with others.

Among the married elderly, the most common living arrangement is to live in a household with a spouse only. The proportion of married elderly living exclusively with husband or wife increased slightly between 1962 and 1975, from 79 per cent to 84 per cent. A small proportion of these persons also have unmarried children in their household, 15 per cent in 1962 and 10 per cent in 1975. Sharing a household

with someone other than their children is uncommon among the married elderly; approximately four per cent in both survey years shared a household with some other relative or a non-relative. Although the changes in living arrangements among the married elderly between 1962 and 1975 were not great, they do reflect an increased proportion of intact families in the post-parental and retirement years.

The unmarried elderly present a rather different picture. These persons are most likely to live alone. The proportion of unmarried elderly who live alone increased between 1962 and 1975. In 1962 some 48 per cent or slightly less than half of these persons lived by themselves; by 1975 the proportion had increased to two-thirds. In 1962 twice as many unmarried elderly lived with married and unmarried children as in 1975. These percentages dropped from 14 per cent in 1962 to seven per cent in 1975. The proportion of unmarried persons living with siblings and other relatives remained unchanged from one survey to the other, 12 to 13 per cent, and the proportion living with non-relatives decreased from six per cent in 1962 to three per cent in 1975. It is noteworthy, however, that living with persons who are not relatives remains an alternative household style for the unmarried elderly, but has disappeared among the married as noted in Table 6-1A.

There are differences in the living arrangements of older men and older women. Among the married, women are more likely than men to be living in a household with a spouse only and less likely to be living

TABLE 6-1A: Living Arrangements, Persons Aged 65 and Over, by Marital Status and Sex (Percentage Distribution)

Living Arrangements[a]	1962						1975					
	Unmarried[c]			Married			Unmarried[c]			Married		
	Men	Women	All	Men	Women	All	Men	Women	All	Men	Women	All
Living alone	52	46	48	---[d]	---	---	65	67	66	---[d]	---	---
Living with spouse only	---[d]	---	---	77	82	79	---[d]	---	---	82	87	84
Living with married child	12	15	14	2	2	2	8	7	7	2	2	2
Living with unmarried child	17	22	20	16	13	15	6	11	10	12	8	10
Living with siblings or other relatives	11	12	12	3	2	3	14	12	13	5	4	4
Living with others	8	5	6	2	1	1	6	2	3	0	0	0
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100
N =[b]	(256)	(851)	(1107)	(825)	(510)	(1335)	(560)	(2191)	(2751)	(1755)	(1250)	(3005)

[a]This is a priority code. When more than one living arrangement was mentioned, the priority for coding use is the same as the order of the categories in the table; for example, when living with married child was mentioned in combination with any other living arrangement, the response was coded under living with married child.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Detailed information on non-response is not given in this or subsequent tables if 98% or more of the eligible respondents provided information.

[c]Includes widowed, separated, divorced, and never married persons.

[d]Data not applicable.

in a household that includes unmarried children. These differences between married men and women are largely the result of older men having younger wives and, thus, compared to older women, having somewhat younger families. Married men, then, are more likely than married women to have young adult children in the household.

Changes in living arrangements from 1962 to 1975 among the unmarried elderly are quite different for men and women. In 1962 somewhat more men than women (52 per cent and 46 per cent, respectively) lived alone. In 1975 some 65 per cent of the men and 67 per cent of the women lived alone. The proportion of men living alone increased by 13 per cent from 1962 to 1975 while the increase for women was 21 per cent. The most consistent difference between unmarried men and women is that in both 1962 and 1975, women were somewhat more likely than men to live with unmarried children. In 1962 some 22 per cent of unmarried women and 17 per cent of unmarried men lived with unmarried children; in 1975 these proportions were eleven and six, respectively.

The composition of the households of married women of different ages, from 65 to 80 and over, was similar both in 1962 and 1975. Roughly the same proportion of women, irrespective of age, lived with a spouse only or shared a home with husband and children. For married men, however, the likelihood of sharing a household with married children in 1962 became progressively less with advances in age. Table 6-2A shows that 21 per cent of the married men 65 to 69 years old lived with a spouse and unmarried children in 1962 compared to only 11 per cent of married men age 80 and over. In 1975, however, married men 65 to 69 years of age and those 80 and over were equally likely to be sharing

TABLE 6-2A: Living Arrangements, Married Persons Aged 65 and Over, by Age and Sex (Percentage Distribution)

Living Arrangements[a]	Men					Women					All				
	65-69	70-74	75-79	80+	All	65-69	70-74	75-79	80+	All	65-69	70-74	75-79	80+	All
1962															
Living with spouse only	73	80	82	82	77	81	82	83	b	82	76	81	82	---[c]	79
Living with spouse, married child	2	1	3	2	2	1	4	0	b	1	2	2	2	---	2
Living with spouse, unmarried child	21	14	12	11	16	15	10	14	b	13	18	12	12	---	15
Living with others	4	5	3	5	5	3	4	3	b	4	4	4	3	---	4
TOTAL	100	100	100	100	100	100	100	100	b	100	100	100	100	---	100
N (unweighted) =	(343)	(271)	(129)	(82)	(825)	(252)	(170)	(65)	(19)	(506)	(595)	(441)	(194)	---	(1331)
1975															
Living with spouse only	80	79	87	87	82	86	88	88	88	87	82	83	87	88	84
Living with spouse, married child	1	1	4	1	2	1	2	2	3	2	1	1	4	2	2
Living with spouse, unmarried child	12	14	9	10	12	8	8	8	6	8	10	12	8	8	10
Living with others	7	5	0	2	5	5	2	2	3	4	6	4	1	2	4
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N (weighted) =	(717)	(517)	(288)	(232)	(1755)	(628)	(347)	(169)	(107)	(1250)	(1345)	(864)	(457)	(339)	(3005)

[a]This is a priority code. When more than one living arrangement was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when living with spouse and married child was mentioned in combination with any other living arrangement, the response was coded under living with spouse and married child.

[b]Percentages not computed where base is less than 50.

[c]Data not reported in 1962.

a household with unmarried children, 12 per cent and 10 per cent, respectively.

Overall, the living arrangements of the unmarried elderly, compared to the married elderly, differ more by age. These age differences were more apparent in 1975 than in 1962. The unmarried elderly in 1975 were choosing to live alone as long as they were able to do so. The very old, however, are less able and less accustomed to independent living in comparison to younger cohorts of unmarried elderly persons. Table 6-3A shows age had little effect on the proportion of unmarried elderly living alone in 1962; some 48 per cent of the persons 65 to 69 years of age and 44 per cent of those 80 and over were living alone in that year. In contrast to this, some 70 per cent of the unmarried elderly in the youngest age group compared to 59 per cent of those in the oldest age group were living alone in 1975. Although sharing a household was less likely in 1975 than it was in 1962, the likelihood of living with either married or unmarried children increased with advancing age in 1975.

Unmarried men 80 and over were more likely than unmarried women of comparable age to be living alone in 1962, 52 per cent and 42 per cent, respectively. In 1975 unmarried men and women 80 and over were equally likely to be living alone, 56 per cent and 60 per cent, respectively. The proportion of unmarried men living alone declined gradually with increasing age in 1975. In contrast to this pattern, the proportion of unmarried women living alone did not decline except for the very oldest

age group, those 80 and over.

Unmarried persons who do not or cannot live alone are likely to be found among the very old, 80 and over. The very old women are more likely than the very old men to live with children. According to Table 6-3A, some 31 per cent of the unmarried women 80 and over compared to 19 per cent of the unmarried men in this age group were living with children in 1975. Very old men, on the other hand, are more likely than the very old women to live with persons other than children. Again, among unmarried persons 80 and over, 25 per cent of the men but only 10 per cent of the women were living with persons other than children in 1975. Elderly women tend to maintain closer ties with their children than do elderly men, and this becomes evident in the living patterns of the very old unmarried elderly.

The living arrangements of the unmarried elderly are different for those old persons who have never been married and those who are widowed or divorced. In 1975, for both of these groups, themost common household arrangement was to live alone. For the never married, the proportion of persons living alone increased from 39 per cent in 1962 to 51 per cent in 1975; for the previously married, the proportion living alone increased from 49 per cent in 1962 to 68 per cent in 1975. The second most common living arrangement for the never married was to live with a sibling. Approximately 35 per cent of those never married lived with a brother or sister compared to only four per cent of those previously

TABLE 6-3A: Living Arrangements, Unmarried Persons Aged 65 and Over, by Age and Sex[a] (Percentage Distribution)

Living Arrangements[b]	Men					Women					All				
	65-69	70-74	75-79	80+	All	65-69	70-74	75-79	80+	All	65-69	70-74	75-79	80+	All
1962															
Living alone	56	53	47	52	52	46	47	50	42	46	48	48	49	44	48
Living with married child	6	13	11	19	12	12	13	21	16	15	11	13	19	17	14
Living with unmarried child	16	12	21	20	17	22	23	13	25	22	21	20	15	24	20
Living with others	22	22	21	9	19	20	17	16	17	17	20	18	17	15	18
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N (unweighted) =	(63)	(76)	(53)	(64)	(256)	(256)	(253)	(161)	(172)	(842)	(319)	(329)	(214)	(236)	(1098)[c]
1975															
Living alone	75	63	62	56	65	69	69	70	60	67	70	68	68	59	66
Living with married child	4	11	8	10	8	4	5	8	12	7	4	6	8	12	7
Living with unmarried child	6	7	4	9	6	7	11	9	19	11	7	10	8	17	10
Living with others	16	19	26	25	21	20	15	14	10	15	19	16	17	12	16
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N (weighted) =	(173)	(156)	(122)	(109)	(560)	(607)	(591)	(435)	(558)	(2191)	(780)	(747)	(557)	(668)	(2751)

[a]Includes widowed, separated, divorced, and never married persons.

[b]This is a priority code. When more than one living arrangement was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when living with married child was mentioned in combination with any other living arrangements, the response was coded under living with married child.

[c]For 1962, nine women of unknown age are excluded from this distribution.

married. For the previously married, the second most common living arrangement was to live with a child. The independence of old people as well as the operation of the principle of family substitution is illustrated by these findings. Thus, when living alone is not possible or is undesirable, the previously married elderly substitute children as resources for lack of spouse, and the never married elderly substitute siblings as resources for the lack of spouse or children as can be seen in Table 6-4A.

The factors which account for the changes in the living arrangements of the elderly between 1962 and 1975 include: the improved health, energy, and skills among the younger cohorts of the elderly, the improved financial situation of the elderly which makes independent living possible, and the emergence of living alone as a more acceptable life-style among all ages of the adult population, and especially for women.

The Living Arrangements of Parents of Those Aged 65 and Over

Approximately four per cent of the population age 65 and over in 1975 had at least one parent still alive. Very few elderly persons, less than one per cent, had both parents alive. Persons 65 and over are more likely to have a mother than a father still alive. Some three per cent of the elderly stated that their mother was their sole surviving parent compared to less than one per cent who said that their father but not their mother was still alive. Those elderly persons who have living parents are the generation in the middle. They must balance the

TABLE 6-4A: Living Arrangements, Unmarried Persons Aged 65 and Over, by Marital Status (Percentage Distribution)

Living Arrangements[a]	1962		1975	
	Never Married	Widowed, Separated, Divorced	Never Married	Widowed, Separated, Divorced
Living alone	39	49	51	68
Living with married and/or unmarried child	---[c]	36	---[c]	20
Living with siblings	47	4	35	4
Living with others	15	11	14	8
TOTAL	100	100	100	100
N =[b]	(116)	(991)	(303)	(2447)

[a]This is a priority code. When more than one living arrangement was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when living with married and/or unmarried child was mentioned in combination with any other living arrangement, the response was coded under living with married and or unmarried child.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not applicable.

demands of an aged parent on the one hand and those of adult children and grandchildren on the other at a time when their own energy level, health status, and financial status may be declining (Shanas, 1977).

The living arrangements of the parents of persons 65 and over reflect both their own advanced age and the importance of family, especially adult children, as supports for the very old in our society. As Table 6-5A shows, almost half of the elderly with a surviving mother reported that she was living either with them, 23 per cent, or with another of her children, 24 per cent, in 1975. A relatively large proportion of persons, 22 per cent, stated that their mothers were residing in an institutional setting; however, an equal proportion, 24 per cent, also stated that their mothers were living independently in the community, either alone or with a husband. Thus, about half of the parents of elderly persons are living with an adult child while about a quarter live in institutions and another quarter live independently in the community.

Living Arrangements of Older Persons and Incapacity

The ability to get about, to take care of personal needs, and to do common household tasks influence the living arrangements of elderly persons. Those persons who have difficulty with these activities--those with high incapacity scores--are more likely to live with their children than persons with low incapacity scores. Table 6-6A shows that

TABLE 6-5A: Living Arrangements of Parents, Persons Aged 65 and Over with Surviving Parents, by Sex of Parent: 1975[a] (Percentage Distribution)

Living Arrangements of Parents	1975	
	Mother	Father
Living alone or with spouse	24	c
Living with respondent	23	c
Living with other children	24	c
Living with other relatives	6	c
Living in nursing home	18	c
Living in home for aged	4	c
Other living arrangement	2	c
TOTAL	100	c
N (weighted) =	(198)[b]	(40)

[a]The percentage of the total sample with surviving parents is 4. Some 3% had a surviving mother only; less than 1% had a surviving father only; and less than 1% had both parents alive.

[b]The percentage of eligible respondents who answered this question is 96.6.

[c]Percentages not computed on a base less than 50.

in 1975 the proportion of elderly persons with high incapacity scores (5 or better) who were unmarried and living with children was 21 per cent compared to seven per cent of those with low scores (less than 5). The living arrangements of elderly persons with high incapacity scores changed from 1962 to 1975. In 1962 more of these persons were living with children and fewer of them were living alone than in 1975. Some 25 per cent of the incapacitated elderly were living alone in 1962 compared to 34 per cent in 1975, and 28 per cent of the incapacitated were living with children in 1962 compared to 21 per cent in 1975. The relatively large proportion of incapacitated elderly living alone is of some concern. Unless these persons have relatives or neighbors who visit regularly and help with their care, many of their basic needs cannot be met. The living arrangements of the married elderly are also affected by their incapacity. Fewer married elderly persons with high incapacity scores, compared to those with low scores, live in a household with a spouse only.

The household arrangements of women are more influenced by their incapacity than are the household arrangements of men. Two factors account for this. First, because the women in the sample, on the average, are older than the men, they have more infirmity. Second, women are more able to care for an incapacitated husband than men are to care for an incapacitated wife. According to Table 6-6A, in 1975 some 44 per cent of the women with low incapacity scores compared to 37 per cent of those with high incapacity scores were both unmarried and living alone; among the men, the proportions unmarried and living alone were 16 per cent and 18 per cent, respectively. Some 10 per cent of the

TABLE 6-6A: Living Arrangements, Persons Aged 65 and Over, by Marital Status, Incapacity Score, and Sex[a] (Percentage Distribution)

Marital Status and Living Arrangements[b]	1962 Men		1962 Women		1962 All		1975 Men		1975 Women		1975 All	
	Under 5	5+	Under 5	5+	Under 5	5+	Under 5	5+	Under 5	5+	Under 5	5+
Unmarried[c]												
Living alone	---[e]	11	---[e]	31	---[e]	25	16	18	44	37	32	34
Living with married child	---	4	---	19	---	15	2	2	4	10	3	8
Living with unmarried child	---	2	---	18	---	13	2	2	6	15	4	13
Living with others	---	8	---	7	---	7	5	5	10	10	8	9
Married												
Living with spouse only	---	56	---	19	---	29	62	60	32	22	45	29
Living with spouse, married child	---	2	---	0	---	1	1	0	1	0	1	0
Living with spouse, unmarried child	---	17	---	5	---	9	9	10	3	4	5	5
Living with others	---	0	---	1	---	1	4	4	1	2	2	2
TOTAL	---	100	---	100	---	100	100	100	100	100	100	100
N =[d]	---	(52)	---	(131)	---	(183)	(2209)	(65)	(3090)	(276)	(5299)	(341)

[a]Excludes bedfast persons.

[b]This is a priority code.

[c]Includes widowed, separated, divorced, and never married persons.

[d]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[e]Data not reported in 1962.

women with low incapacity scores and 25 per cent with high scores were unmarried and living with adult children. For unmarried men, however, their relative incapacity had no effect on whether they lived with children. Women with low incapacity scores were more likely than those with high incapacity scores to be both married and living in a household with a spouse only in 1975, 32 per cent and 22 per cent, respectively. Men with low incapacity scores, however, were as likely as those with high incapacity scores to be both married and living with a spouse only, 62 per cent and 60 per cent, respectively.

The Living Arrangements of Older Persons and the Presence of Children

The presence of children--their number and whether they are sons or daughters--affects the living arrangements of elderly persons. However, the relationship between living arrangements and being a parent was less marked in 1975 than it was in 1962. In 1975, compared to 1962, more married elderly were living in a household with a spouse only, and more unmarried elderly were living alone, regardless of whether or not they had children. The elderly today are better able to maintain independent life-styles than they were even 13 years ago. Their financial situation is better. Thus, they are less dependent on their children for housing.

In both 1962 and 1975, over three-fourths of the married elderly were living in a household with a husband or wife only (see Table 6-7A). Married persons with more than one child are more likely than other

TABLE 6-7A: Living Arrangements, Married Persons Aged 65 and Over, by Number and Sex of Surviving Children (Percentage Distribution)

Living Arrangements[a]	No Surviving Children	Number and Sex of Children					All Married Persons
		One Son Only	One Daughter Only	Two or More Sons Only	Two or More Daughters Only	Son(s) and Daughter(s)	
1962							
Living with spouse only	87	80	85	78	77		79
Living with married daughter	---[c]	0	1	0	1		1
Living with married son	---	1	0	0	1		1
Living with unmarried child	---	12	6	13	17		13
Living with siblings	5	2	0	3	1		2
Living with grandchildren	0	0	5	2	2		2
Living with other relatives	3	2	2	3	0		1
Living with non-relatives	4	2	2	2	1		1
TOTAL	100	100	100	100	100		100
N =[b]	(166)	(93)	(124)	(110)	(842)		(1335)
1975							
Living with spouse only	91	88	89	91	81	78	84
Living with married child	---[c]	2	1	0	0	3	2
Living with unmarried child	---	7	5	6	12	16	10
Living with siblings	2	1	*	0	*	1	1
Living with grandchildren	1	*	3	*	4	1	2
Living with other relatives	6	1	2	2	3	1	2
Living with non-relatives	0	0	0	0	0	0	0
TOTAL	100	100	100	100	100	100	100
N =[b]	(434)	(266)	(345)	(329)	(248)	(1383)	(3005)

*Less than 1% after rounding.

[a]This is a priority code. When more than one living arrangement was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when living with married daughter was mentioned in combination with any other living arrangement, the response was coded under living with married daughter.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not applicable.

married elderly to be sharing a household with unmarried children. Conceivably, these elderly may still have relatively young adult or adolescent children at home. Few married elderly persons live with maried children--some two per cent in both 1962 and 1975.

The unmarried elderly in 1975 were less likely to share a household with children than they were in 1962, 17 per cent and 32 per cent, respectively. The unmarried elderly are more likely than the married elderly to live with married children, however. In 1962 the tie between elderly persons and their daughters was readily apparent from the living arrangements of unmarried elderly persons with an only child. Table 6-8A shows that in 1962 some 46 per cent of the unmarried elderly with an only daughter, married or unmarried, shared a household with her. In contrast, the proportion of unmarried persons with an only son living with that son, whether he was married or unmarried, was 26 per cent. Of those living with a daughter, approximately one in four was living with a married daughter, but of those living with a son, fewer than one in ten was living with a married son. In 1975 the residential tie between the elderly and their daughters was no longer observable. Again, Table 6-8A reveals that in 1975 the proportion of unmarried elderly with an only daughter who shared a household with this daughter had dropped from 46 per cent to 19 percent; the proportion with an only son who lived with that son had dropped from 26 per cent to 17 per cent. In 1975 fewer than one in ten unmarried elderly persons with an only child was living with a married child regardless of the sex of the child.

TABLE 6-8A: Living Arrangements, Unmarried Persons Aged 65 and Over, by Number and Sex of Surviving Children (Percentage Distribution)

Living Arrangements[a]	No Surviving Children		Number and Sex of Children					All Unmarried Persons
	Never Married	Previously Married	One Son Only	One Daughter Only	Two or More Sons Only	Two or More Daughters Only	Son(s) and Daughter(s)	
1962								
Living alone	39	60	61	40	51	45		48
Living with married daughter	---[c]	0	0	24	0	16		11
Living with married son	---	0	8	0	12	3		3
Living with unmarried child	---	0	18	22	23	26		18
Living with siblings	46	14	5	3	3	2		9
Living with grandchildren	---	2	0	5	3	2		2
Living with other relatives	7	11	3	2	0	1		3
Living with non-relatives	8	12	5	5	9	4		6
TOTAL	100	100	100	100	100	100		100
N =[b]	(116)	(148)	(74)	(116)	(78)	(574)		(1107)
1975								
Living alone	51	82	68	70	81	72	60	66
Living with married child	---[c]	0	9	8	3	7	12	7
Living with unmarried child	---	1	8	11	5	11	19	10
Living with siblings	35	7	6	2	2	5	3	7
Living with grandchildren	---	2	4	4	4	*	3	3
Living with other relatives	11	3	2	3	4	2	1	3
Living with non-relatives	4	5	4	3	2	5	2	3
TOTAL	100	100	100	100	100	100	100	100
N =[b]	(303)	(451)	(262)	(287)	(175)	(210)	(1062)	(2751)

*Less than 1% after rounding.

[a]This is a priority code. When more than one living arrangement was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when living with married daughter was mentioned in combination with any other living arrangement, the response was coded under living with married daughter.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not applicable.

Unmarried elderly persons without surviving children were more likely than those with children to live with brothers and sisters. Living with a sibling was especially prevalent among those old persons who had never married. However, living with siblings was less common in 1975 than in 1962. In 1962 some 46 per cent of the never married elderly were living with a sibling; in 1975 the proportion dropped to 35 per cent. Among those elderly, previously married and with no children, the proportion living with siblings declined from 14 per cent in 1962 to seven per cent in 1975.

In 1962 men and women who were unmarried and without surviving children lived in different sorts of households. The women were much more likely than the men to live with siblings, 32 per cent compared to 19 per cent. The men, on the other hand, were twice as likely as the women to live with non-relatives, 16 per cent compared to eight per cent. In 1975 men and women were equally likely to live with siblings, 15 per cent and 19 per cent, respectively. The proportion of unmarried, childless persons living with non-relatives was eight per cent for men and only three per cent for women. Thus, men and women who lack immediate family resources (spouse and children) are more likely than in 1962 to have similar arrangements. Today both of these groups of men and women are more likely to be living alone than to be sharing a home with others. Are they living alone because they are financially better off? Or are they isolated and without supportive

networks? We will attempt to answer these questions in the remainder of this chapter and in subsequent chapters. However, Table 6-9A displays data on living arrangements of the elderly who are without surviving children.

Length of Residence in the Household and Proximity to Children

The majority of elderly persons live in their own households, not in the households of others. Few elderly persons are highly mobile with regard to their living arrangements. In 1975 over half of the elderly had lived in their present households 10 years or longer. Married couples were more likely than unmarried persons to have lived in their present households 20 years or more, 46 per cent and 39 per cent, respectively. Unmarried elderly living with a married child were much more likely than other elderly persons, married or unmarried, to have lived in their present households less than five years. It is plausible that many of these unmarried elderly moved into the households of their married children because they could no longer maintain their own independent life-styles due to death of spouse, poor health, or financial constraints. Note findings in Table 6-10A.

Most elderly persons are long time residents in their present households. Yet, many of them with children live close to at least one child, and contact between the generations is frequent. Thus, some adult

TABLE 6-9A: Living Arrangements, Persons Aged 65 and Over Who are Without Surviving Children and Unmarried, by Sex[a] (Percentage Distribution)

Living Arrangements[b]	1962			1975		
	Men	Women	All	Men	Women	All
Living alone	53	50	51	69	70	70
Living with siblings	19	32	28	15	19	18
Living with other relatives	12	10	11	8	8	8
Living with non-relatives	16	8	10	8	3	4
TOTAL	100	100	100	100	100	100
N =[c]	(73)	(191)	(264)	(209)	(546)	(756)

[a]Includes widowed, separated, divorced, and never married persons without surviving children.

[b]This is a priority code. When more than one living arrangement was mentioned, the priority for coding used is the same as the order of the categories in the table; for example, when living with siblings was mentioned in combination with any other living arrangement, the response was coded under living with siblings.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 6-10A: Length of Residence in Household, Married Couples and Unmarried Persons Aged 65 and Over, by Living Arrangements: 1975 (Percentage Distribution)

Length of Residence	Married Couples			Unmarried[b]			
	Living with Spouse Only	Living with Others[a]	All	Living Alone	Living with Married Child	Living with Others	All
Less than 5 years	17	18	17	24	50	23	26
5-9 years	15	13	14	17	13	19	17
10-19 years	25	23	24	19	20	14	18
20 or more years	43	46	46	40	17	43	39
TOTAL	100	100	100	100	100	100	100
N (weighted) =	(1628)	(339)	(1966)	(1824)	(195)	(728)	(2747)

[a]Living with others includes married children.

[b]Includes widowed, separated, divorced, and never married persons.

children have tended to establish residence near their aging parents. Rosenmayr and Kockeis (1963) have described the relations between the elderly and their adult children as "intimacy at a distance." In both 1962 and 1975, half of the elderly with children maintained their own households, but lived within a 30 minute journey of their nearest child. About a third of the elderly with children lived within 10 minutes of their nearest child (see Table 6-11A).

In 1962 women were more likely than men to be living in the same household as a child, 32 per cent and 23 per cent, respectively; and men were more likely than women to be living more than a 30 minute journey from their nearest child, 28 per cent and 20 per cent, respectively. As can be seen in Table 6-11A, in 1975 the differences between men and women in their distance from children were no longer present.

In both 1962 and 1975, about half of the married elderly with surviving children lived within 30 minutes of their nearest child, and fewer than two in every ten lived in the same household as a child. In both survey years, married elderly with children were more likely to live with or in close proximity to a child if they had several children and at least one daughter. Among this group, approximately six of every ten persons lived within 30 minutes of their nearest child. In 1962 those persons with an only child were more likely to live within a 30 minute journey of the latter if the child were a daughter rather than a son, 50 per cent compared to 36 per cent. In 1975 persons with

TABLE 6-11A: Distance from Nearest Child, Persons Aged 65 and Over with Surviving Children, by Sex (Percentage Distribution)

Distance from Nearest Child	1962			1975		
	Men	Women	All	Men	Women	All
Same household	23	32	28	17	19	18
10 minutes journey or less	33	33	33	32	36	34
11-30 minutes journey	16	15	16	22	20	21
More than 30 minutes journey	28	20	23	30	26	27
TOTAL	100	100	100	100	100	100
N =[a]	(897)	(1110)	(2007)	(1852)	(2692)	(4544)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

an only child were equally likely to live within 30 minutes of either a son or daughter (see Table 6-12A).

Although the proportion of persons previously married living in the same household as a child declined from 43 per cent in 1962 to 24 per cent in 1975, these persons were more likely in 1975 than in 1962 to live within a 30 minute journey of their nearest child, 52 per cent compared to 40 per cent according to Table 6-13A.

In 1962 the previously married elderly were more likely to live in the same household as a child if they had at least one daughter. In 1975 persons most likely to be living with a child were those with both sons and daughters. Among previously married persons with an only child, a greater proportion lived close to a daughter than a son in 1975. Some 49 per cent of those with an only daughter compared to 39 per cent of those with an only son lived within 30 minutes of their child. Thus, among the previously married elderly, the presence of daughters as well as the presence of more than one child increase the likelihood of old persons living close to their children.

Living in very close proximity to children (i.e., with a child or within 10 minutes distance of a child) is related to both age and sex among old people. In 1962 women were more likely than men to live with

TABLE 6-12A: Distance from Nearest Child, Married Persons Aged 65 and Over with Surviving Children, by Number and Sex of Children (Percentage Distribution)

Distance from Nearest Child	Number and Sex of Children					Total
	One Son Only	One Daughter Only	Two or More Sons Only	Two or More Daughters Only	Son(s) and Daughter(s)	
1962						
Same household	13	6	13	19		17
Within 10 minutes	21	30	39	42		39
11-30 minutes	15	20	15	17		17
31-60 minutes	12	6	15	8		9
More than an hour, less than a day	22	23	15	11		13
A day or more	17	15	4	4		6
TOTAL	100	100	100	100		100
N =[a]	(92)	(124)	(109)	(842)		(1167)
1975						
Same household	10	6	6	11	18	14
Within 10 minutes	24	17	28	36	40	33
11-30 minutes	17	22	24	28	24	24
31-60 minutes	15	12	16	11	8	11
More than an hour, less than a day	28	34	26	12	8	16
A day or more	8	8	0	3	1	2
TOTAL	100	100	100	100	100	100
N =[a]	(266)	(345)	(329)	(248)	(1383)	(2571)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 6-13A: Distance from Nearest Child, Previously Married Persons Aged 65 and Over with Surviving Children, by Number and Sex of Children (Percentage Distribution)

Distance from Nearest Child	Number and Sex of Children					Total
	One Son Only	One Daughter Only	Two or More Sons Only	Two or More Daughters Only	Son(s) and Daughter(s)	
1962						
Same household	26	46	35	46		43
Within 10 minutes	20	9	26	30		26
11-30 minutes	19	12	18	13		14
31-60 minutes	14	4	9	4		5
More than an hour, less than a day	12	16	9	6		8
A day or more	9	13	4	1		4
TOTAL	100	100	100	100		100
N =[a]	(74)	(115)	(78)	(573)		(840)
1975						
Same household	17	18	8	17	30	24
Within 10 minutes	22	33	38	39	38	35
11-30 minutes	17	16	30	14	15	17
31-60 minutes	10	11	5	10	6	8
More than an hour, less than a day	25	14	16	19	9	13
A day or more	10	7	2	1	2	4
TOTAL	100	100	100	100	100	100
N =[a]	(254)	(280)	(172)	(210)	(1059)	(1974)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

a child. Age had little effect on living with children among men; however, the likelihood of living with children increased among women with advances in age. In 1975, fewer elderly of either sex lived with children. Men and women both were equally likely to live with children except among the very old where women were more likely than men to live with children, 30 per cent compared to 17 per cent according to Table 6-14A.

Among the elderly living apart from their children, in 1962 women were more likely than men to live within 10 minutes of a child, and with advancing age the likelihood of living in close proximity to children increased somewhat for both men and women. In 1975, men and women were equally likely to live within 10 minutes of a child and advancing age strongly influenced the likelihood of living close to children.

Summary

The living arrangements of the elderly and their proximity to their children have been the major concerns of this chapter. Today, better financial resources and possibly better health among the younger age cohorts enable the elderly to live more independently then they did in the past. The majority of married elderly live in a household with a spouse only, while the majority of unmarried elderly live alone. A greater proportion of the very old and the incapacitated elderly are found to be living with others. Elderly persons incapable of independent living, in the absence of a spouse, most often reside with children, and

TABLE 6-14A: Percentage of Persons Aged 65 and Over in Each Age Group with Surviving Children Who Live with a Child or Apart from Children but Within 10 Minutes Distance of a Child by Sex

Age and Distance from Children	1962			1975		
	Men	Women	All	Men	Women	All
Live with a child:						
65-69	26[b]	27	---[b]	16	13	14
N =[a]	---	---	---	(717)	(929)	(1645)
70-74	18[b]	31	---	19	17	18
N =[a]	---	---	---	(549)	(717)	(1266)
75-79	22[b]	32	---	16	18	17
N =[a]	---	---	---	(329)	(482)	(811)
80+	25[b]	47	---	17	30	26
N =[a]	---	---	---	(257)	(564)	(822)
All ages	23[b]	32	---	17	19	18
N =[a]	---	---	---	(1852)	(2692)	(4544)
Live apart from children, but within 10 minutes:[c]						
65-69	42[b]	44	---[b]	38	38	38
N =[a]	---	---	---	(604)	(805)	(1409)
70-74	42[b]	49	---	31	45	39
N =[a]	---	---	---	(447)	(592)	(1039)
75-79	44[b]	58	---	42	45	44
N =[a]	---	---	---	(277)	(395)	(671)
80+	47[b]	51	---	49	53	52
N =[a]	---	---	---	(215)	(395)	(609)
All ages	43[b]	49	---	38	44	42
N =[a]	---	---	---	(1542)	(2187)	(3729)

TABLE 6-14A: Percentage of Persons Aged 65 and Over in Each Age Group with Surviving Children Who Live with a Child or Apart from Children but Within 10 Minutes Distance of a Child by Sex (continued)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Data not reported for 1962.

[c]Percentage base excludes persons who live with a child.

those without children tend to live with siblings.

Persons 65 years of age and older are long-term residents in their present households. Although living with children is less common today than it was 13 years ago, old people continue to live in close proximity to adult children. Men and women are equally likely to live close to children, and as age increases so, too, does the likelihood of living within 10 minutes of a child. Thus, although independent living is more feasible today than 13 years ago among persons 65 and over, relatives, especially children, live close by and serve as resources for aged persons.

CHAPTER VI

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CHAPTER VII

FAMILY CONTACTS AND FAMILY HELP PATTERNS IN OLD AGE

The kinship system of modern American society is characterized by mutual visits and mutual help patterns between households of related persons in various stages of the family life cycle. Certainly, family members who live together rely heavily upon one another for a variety of supportive functions; however, they are not isolated from other relatives due to urbanization and industrialization as sociologists once believed. The network of contacts and exchanges among family members across households and across generations is one of the major systems of support for individuals in our society today.

In chapter seven, we investigate the family contacts and family help patterns of old people. The first part of this chapter is concerned with the contacts between elderly persons and their children, their siblings, and their other relatives. The extent of mutual help between elderly persons and their children, grandchildren, and great-grandchildren, as well as the kinds of help given to the elderly and by the elderly are reported in the second part of this chapter.

How Often Elderly Persons See Their Children

Kin relationships are not dependent on common households or physical proximity but on the socio-emotional distance between relatives which enables them to call on one another in case of need (Shanas, 1973). One indicator of socio-emotional distance is the frequency with which kin see one another. Among the population 65 and over, the relatives most

frequently seen are adult children. The majority of elderly persons with living children are in daily or weekly contact with at least one child (Stehouwer, 1965). In both 1962 and 1975, over three quarters of elderly persons with children had seen a child within the past week, 83 per cent and 77 per cent, respectively. Although the proportion of persons who had seen a child this recently declined somewhat between 1962 and 1975, it should be remembered that the elderly in 1975 compared to those in 1962 had fewer children with whom to interact.

Elderly persons with children were much more likely in 1962 than they were in 1975 to have seen a child the day before or the day of the interview (within the past 24 hours), 65 per cent compared to 53 per cent according to Table 7-1A. In contrast, contact between elderly persons and their children was more likely in 1975 than in 1962 to have occurred either within the past week or within the past month. Some 24 per cent of the elderly with children in 1975 compared to 18 per cent in 1962 had seen a child within two to seven days before they were interviewed. The proportions who had seen a child within the past eight to 30 days were 12 per cent in 1975 and seven per cent in 1962. Approximately one of every ten persons in each survey had not seen a child for more than a month.

Changes in contact with children among the elderly over the past 13 years can be explained not only by the decline in the number of children, but also by the increased independence among persons 65 and over. As we noted in chapter six, because they are less dependent on children to meet their daily needs fewer elderly persons are sharing a

household with adult children today. Rather, the contacts between the elderly and their children are more often for purposes of visiting, sharing leisure time activities, and exchanging services.

There are no major differences between men and women in contacts with their children. In 1975 approximately half of both the men and the women had seen a child the day before or the day of the interview and a quarter of each group had seen a child within the past two to seven days. In 1962 there were differences in contact with children between men and women, but only among those persons who had seen a child within the past 24 hours. Women were somewhat more likely than men to have seen a child this recently, 68 per cent compared to 62 per cent, reflecting the higher proportion of women who lived with their children as can be seen in Table 7-1A.

The age of elderly persons, however, does influence how frequently they see their children. In 1962 persons 75 and over and in 1975 persons 80 and over were more likely than the younger elderly to have seen a child within the past 24 hours. These very old persons are more likely than younger elderly persons to be widowed, infirmed, or have low incomes. Thus, they are more likely to depend on children to meet some or all of their needs.

When age and sex are considered simultaneously, age has no effect on contact with children among men, but age does influence contact with children among women. In 1962 women were increasingly likely with advancing age to have seen a child within the past 24 hours;

TABLE 7-1A: When Last Saw Child, Persons Aged 65 and Over with Surviving Children, by Sex (Percentage Distribution)

When Last Saw Child	1962			1975		
	Men	Women	All	Men	Women	All
Today or yesterday[a]	62	68	65	50	54	53
2-7 days ago	20	17	18	23	25	24
8-30 days ago	7	7	7	13	12	12
More than 30 days ago	11	8	10	13	9	11
TOTAL	100	100	100	100	100	100
N =[b]	(896)	(1106)	(2002)	(1856)	(2696)	(4553)

[a]Includes persons who live in the same household with a child.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

some 64 per cent of the women 65 to 69 had seen a child this recently compared to 80 per cent of the women 80 and over. Among the men, however, approximately 60 to 65 per cent in each age group had seen a child within the past 24 hours in 1962. In 1975 women 80 and over were more likely than younger women to have seen a child recently. Some 65 per cent of these women compared to approximately 50 per cent in each of the other age groups had seen a child within the past 24 hours. Roughly 50 per cent of each age group of men had seen a child this recently in 1975. Table 7-2A indicates these findings.

The influence of age on women's contact with their children continues to be present among women who do not live with a child but who saw a child the day before or the day of the interview. According to Table 7-3A, older women in both 1962 and 1975 were more likely than younger women to have seen a child within the past 24 hours.

Age influences the contacts which women but not men have with their children because women are more likely than men to be widowed. In widowhood, they tend to substitute contacts with their children for loss of contact with a husband. In addition, they often require help with tasks previously performed by the husband, and they tend to depend upon children to meet these needs.

Persons who live apart from their children were less likely in 1975

TABLE 7-2A: When Last Saw Child, Persons Aged 65 and Over with Surviving Children, by Age and Sex (Percentage Distribution)

When Last Saw Child	Men				Women				All			
	65-69	70-74	75-79	80+	65-69	70-74	75-79	80+	65-69	70-74	75-79	80+
1962												
Today or yesterday[a]	65	59	60	62	64	66	73	80	64	63	67	71
2-7 days ago	19	20	25	18	19	20	16	7	19	20	20	12
8-30 days ago	5	9	6	10	8	6	3	6	7	7	4	8
More than 30 days ago	11	12	9	10	9	8	8	7	10	10	9	8
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100
N (unweighted) =	(336)	(280)	(154)	(126)	(419)	(348)	(188)	(145)	(755)	(628)	(341)	(272)
1975												
Today or yesterday[a]	50	50	52	54	50	52	53	65	50	51	52	61
2-7 days ago	22	25	22	23	26	26	23	22	24	26	23	23
8-30 days ago	14	12	11	13	16	10	14	7	15	11	13	9
More than 30 days ago	14	13	15	10	9	11	10	6	11	12	12	8
TOTAL	100	100	100	100	100	100	100	100	100	100	100	100
N (weighted) =	(721)	(549)	(329)	(257)	(929)	(721)	(482)	(564)	(1650)	(1270)	(811)	(822)

[a]Includes persons who live in the same household with a child.

TABLE 7-3A: Percentage of Persons Aged 65 and Over Who Do Not Live with a Child, but Who Saw a Child Within the Past 24 Hours by Age and Sex

Age Group	1962			1975		
	Men	Women	All	Men	Women	All
65-69	52	51	51	40	42	41
N =[a]	(406)	(508)	(914)	(609)	(805)	(1413)
70-74	49	50	50	38	42	41
N =[a]	(347)	(423)	(770)	(447)	(597)	(1043)
75-79	48	60	55	42	42	42
N =[a]	(182)	(226)	(408)	(277)	(395)	(671)
80+	49	62	56	44	50	48
N =[a]	(146)	(191)	(337)	(215)	(395)	(609)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

than they were in 1962 to have seen a child in the past 24 hours, 42 per cent and 52 per cent, respectively. Instead, they were much more likely to have seen a child within the previous week and the previous month. Whether they are part of a married couple or unmarried persons living alone, elderly living apart from children are equally likely to see these children. In both 1962 and 1975, the marital status of older persons had no effect on contacts with their children. Living arrangements, however, did influence contacts with children somewhat in 1962 among those previously married who lived apart from their children. The previously married persons living alone were more likely than those living with other persons to have seen a child within the past 24 hours. In 1975 living arrangements had no influence on contact with children among these persons as can be seen in Table 7-4A.

Overnight visits between elderly persons and their adult children were frequent in both 1962 and 1975. Some 42 to 47 per cent of the elderly with children who live outside their household had either stayed overnight with a child or had a child stay overnight with them in both the survey years. Previously married persons, largely the widowed, were more likely than the married to stay overnight with an adult child while married persons were somewhat more likely to have a child stay overnight with them. This differnece is due, largely, to the fact that many widowed persons live alone, often in small quarters. There was a decline from 1962 to 1975 in overnight

TABLE 7-4A: When Last Saw Child, Persons Aged 65 and Over with Surviving Children Who Do not Share a Household with a Child, by Marital Status and Living Arrangements (Percentage Distribution)

When Last Saw Child	Married		Previously Married		All Who Live Apart from Children
	Living with Spouse Only	Living with Others Except Children	Living Alone	Living with Others Except Children	
1962					
Today or yesterday	53	---[a]	53	44	52
2-7 days ago	26	---	26	23	26
8-30 days ago	9	---	10	13	9
31 days to 1 year	9	---	8	14	10
More than 1 year ago	3	---	3	6	3
TOTAL	100	---	100	100	100
N (unweighted) =	(900)	---	(390)	(90)	(1446)[b]
1975					
Today or yesterday	42	37	44	40	42
2-7 days ago	28	36	31	28	29
8-30 days ago	18	13	11	11	15
31 days to 1 year	11	14	9	14	11
More than 1 year ago	1	0	4	7	3
TOTAL	100	100	100	100	100
N (weighted) =	(2120)	(90)	(1293)	(219)	(3723)

[a]Data not reported in 1962. Married persons with children who share a household with someone other than a child are excluded from these tabulations since these groups are too small (N=66).

[b]Includes persons mentioned in footnote a.

visits between the previously married elderly living alone and their children. In 1962 the proportion of these persons who stayed overnight with a child was 60 per cent; in 1975 it dropped to 51 per cent. For those who had a child stay overnight, the proportions dropped from 49 per cent in 1962 to 42 per cent in 1975 (see Table 7-5A).

In both 1962 and 1975, women were more likely than men to have stayed overnight with a child, 47 per cent compared to 37 per cent in 1962 and 50 per cent compared to 39 per cent in 1975. These differences between men and women were more pronounced among the previously married and especially so among the previously married living alone where some 66 per cent of the women in 1962 and 55 per cent in 1975 had stayed overnight with a child. Among the men, these proportions were 42 per cent and 30 per cent, respectively.

Married men and women were equally likely to have had a child stay overnight with them in both survey years. Married couples are apt to occupy somewhat larger quarters than unmarried men or unmarried women and thus to have space for overnight visitors. In 1962 among the previously married and especially among those living alone, women were more likely than men to have had a child stay overnight with them. In 1975 these differences between previously married men and women were still evident, but living alone no longer increased the likelihood of children staying overnight among the women. As this discussion of overnight visiting shows, it is among the widowed women where the role of children as social supports is especially salient.

TABLE 7-5A: Percentage of Persons Aged 65 and Over with Surviving Children Who Stayed Overnight with a Child or Had a Child Stay Overnight with Them by Marital Status and Sex[a]

Marital Status and Overnight Stays	1962			1975		
	Men	Women	All	Men	Women	All
Stayed overnight with a child						
All married persons	38	43	40	40	46	43
N =[b]	---[c]	---	---	(1466)	(1041)	(2507)
All widowed, separated, divorced persons	37	52	48	32	52	48
N =[b]	---[c]	---	---	(329)	(1562)	(1891)
Widowed, separated, divorced persons who live alone	42	66	60	30	55	51
N =[b]	---[c]	---	---	(216)	(1075)	(1291)
All persons who stayed overnight with a child	37	47	42	39	50	45
N =[b]	---[c]	---	---	(1795)	(2603)	(4398)
Had child stay overnight						
All married persons	52	52	52	47	47	47
N =[b]	---[c]	---	---	(1457)	(1035)	(2492)
All widowed, separated, divorced persons	32	43	40	33	44	42
N =[b]	---[c]	---	---	(325)	(1564)	(1889)
Widowed, separated, divorced persons who live alone	33	54	49	35	43	42
N =[b]	---[c]	---	---	(212)	(1078)	(1290)
All persons who had a child stay overnight	48	46	47	45	45	45
N =[b]	---[c]	---	---	(1782)	(2599)	(4380)

TABLE 7-5A: Percentage of Persons Aged 65 and Over with Surviving Children Who Stayed Overnight with a Child or Had a Child Stay Overnight with Them by Marital Status and Sex[a] (continued)

[a]Excludes persons who do not have children outside the household.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1962.

The characteristics of adult children as well as characteristics of old people, themselves, influence the contact which persons 65 years of age and over have with their children. In 1962 elderly persons with surviving children were somewhat less likely to have seen a married child than an unmarried child the day before the interview. Some among these elderly persons still had unmarried children living at home. Fewer adult unmarried children were likely to live at home in 1975 than in 1962, and in the 1975 survey the marital status of children no longer influenced contact between elderly persons and their children. Roughly 50 per cent of the elderly had seen a child in the past 24 hours regardless of the child's marital status (see Table 7-6A).

In both 1962 and 1975, recent contact of the elderly with both married and previously married children was related to the number and sex of their children. In both years, the married elderly most likely to have seen a married or previously married child within the past 24 hours were those with several children at least one of whom was a daughter, approximately 60 per cent. Married persons with an only child were the least likely to have seen a married or previously married child this recently.

Previously married elderly were also most likely to have seen a married or previously married child within the past 24 hours if they had several children at least one of whom was a daughter, 71 per cent in 1962 and 65 per cent in 1975. In both years, persons least likely to

TABLE 7-6A: When Last Saw Child, Persons Aged 65 and Over with Surviving Children, by Marital Status of Child (Percentage Distribution)

When Last Saw Child	1962		1975	
	Any Child, Unmarried or Married	Married Child	Any Child, Unmarried or Married	Married Child
Today or yesterday[a]	65	59	53	52
Within past 2-7 days	19	22	24	24
Within past 8-30 days	7	8	12	12
Within past 31 days-1 year	7	8	9	9
Not in past year	2	3	2	2
TOTAL	100	100	100	100
N=[b]	(2002)	(1934)	(4553)	(4249)

[a]Includes child in the same household.

[b]The N(number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

have seen a married or previously married child within the past 24 hours were those with an only son, 45 per cent in 1962 and 35 per cent in 1975 as can be seen in Table 7-7A.

In 1962 among the widowed and divorced elderly with married children, more had seen a married daughter in the past 24 hours than had seen a married son, 57 per cent compared to 40 per cent. In 1975 approximately two-thirds of the widowed and divorced were likely to have seen either a married son or a married daughter this recently. Women in both years were more likely than men to have seen a married child, irrespective of whether the child was a son or daughter (see Table 7-8A). There has been no decline, then, in visits with married children in the 13 years between the two surveys.

Contacts Between Elderly Persons and Their Siblings

Siblings, brothers and sisters, are an important social resource in old age. Cumming and Schneider in their study of siblings report that the morale of all men and of married women between the ages of 50 and 80 tends to be higher when there are siblings available to them living nearby (1961). Sibling interaction is especially marked among elderly women and among those elderly persons who have never married (Shanas, et al., 1968).

TABLE 7-7A: When Last Saw Married or Previously Married Child, Persons Aged 65 and Over with Married or Previously Married Children, by Number and Sex of These Children and Marital Status (Percentage Distribution)

When Last Saw Married or Previously Married Child	1962				1975			
	One Son Only	One Daughter Only	Two or More Sons Only	At Least One Daughter, More Than One Child	One Son Only	One Daughter Only	Two or More Sons Only	At Least One Daughter, More Than One Child
Married Persons								
Today or yesterday[a]	32	44	42	60	34	28	40	57
Within past 2-7 days	17	27	37	23	21	22	24	26
Within past 8-30 days	25	3	6	8	22	24	27	11
Within past 31 days-1 year	21	17	12	7	21	24	9	5
Not in last year	5	9	3	1	3	4	1	*
TOTAL	100	100	100	100	100	100	100	100
N =[b]	(77)	(118)	(108)	(823)	(254)	(319)	(322)	(1614)
Widowed, Separated, or Divorced Persons								
Today or yesterday[a]	45	56	48	71	35	42	42	65
Within past 2-7 days	21	16	30	17	25	30	35	21
Within past 8-30 days	13	11	9	6	7	15	7	7
Within past 31 days-1 year	14	10	8	4	22	7	14	4
Not in last year	8	8	5	2	11	5	2	2
TOTAL	100	100	100	100	100	100	100	100
N =[b]	(63)	(104)	(77)	(564)	(230)	(263)	(171)	(1265)

*Less than 1% after rounding.

[a]Includes child in the same household.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 7-8A: When Last Saw a Married Son or Married Daughter, Previously Married Persons Aged 65 and Over with Married Children, by Sex (Percentage Distribution)

When Last Saw Married Son or Married Daughter	1962			1975		
	Men	Women	All	Men	Women	All
Married Daughter						
Today or yesterday[a]	49	59	57	53	63	61
Within past 2-7 days	25	21	22	22	24	23
Within past 8-30 days	6	10	9	8	8	8
More than 30 days	20	10	12	17	5	7
TOTAL	100	100	100	100	100	100
N =[b]	(149)	(497)	(646)	(208)	(1210)	(1418)
Married Son						
Today or yesterday[a]	39	42	40	53	61	59
Within past 2-7 days	30	26	27	17	25	24
Within past 8-30 days	12	19	17	4	7	6
More than 30 days	20	14	16	26	8	11
TOTAL	100	100	100	100	100	100
N =[b]	(189)	(403)	(592)	(232)	(1137)	(1369)

[a]Includes child in the same household.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

Elderly people with siblings see their siblings often. According to Table 7-9A, slightly over a third of the elderly with surviving siblings had seen a brother or sister during the week before the interview. In both survey years women were more likely than men to have seen a sibling during the previous week. In 1962 some 43 per cent of the women and 34 per cent of the men had seen a sibling this recently. In 1975 these percentages were 38 and 30, respectively. Among elderly persons with siblings who had not seen a brother or sister during the week before the interview, roughly four of every ten in 1962 and three of every ten in 1975 had seen at least one of their siblings within the past eight to 30 days.

In both 1962 and 1975, equal proportions of the married and previously married elderly had seen a brother or sister during the week before the interview. Among the married, both men and women were equally likely to report recent contacts with siblings in 1962. However, in 1975 married women were more likely than married men to report such sibling contacts. What is most impressive in these reports of contacts with siblings is the high proportion of never married persons, as many as seven of every ten persons, both men and women, who report seeing a sibling during the previous week. Among persons who have never married, siblings are substituted for the lack of other immediate family resources (spouse and children). See Table 7-10A.

TABLE 7-9A: Percentage of Persons Aged 65 and Over with Surviving Siblings Who Reported Contact with at Least One of Their Siblings

Contact with Siblings	1962			1975		
	Men	Women	All	Men	Women	All
Seen sibling during the previous week[a]	34	43	---[c]	30	38	35
N =[b]	---[c]	---	---	(1933)	(2746)	(4679)
Seen sibling during the previous month, not previous week[d]	39	44	---	33	29	31
N =[b]	---[c]	---	---	(1352)	(1712)	(3064)

[a]Includes persons living with a sibling.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1962.

[d]These percentages are based on the number of persons with siblings who have not seen a sibling during the past week. In 1975 this group comprised 20% of the elderly with surviving siblings.

TABLE 7-10A: Percentage of Persons Aged 65 and Over with Surviving Siblings Who Have Seen a Sibling During the Previous Week,[a] by Marital Status and Sex

Marital Status	1962			1975		
	Men	Women	All	Men	Women	All
Married	34	38	---[c]	28	37	32
N =[b]	---[c]	---	---	(1494)	(1052)	(2546)
Widowed, separated, divorced	33	41	---	27	36	34
N =[b]	---[c]	---	---	(356)	(1531)	(1887)
Never married	[d]	81	---	71	71	71
N =[b]	---[c]	---	---	(79)	(164)	(243)

[a]Includes persons living with siblings.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1962.

[d]Percentages not computed on a base less than 50.

With advances in age, fewer siblings are available to the elderly. In 1975 among the women, some 45 per cent of those 65 to 69 compared to 32 per cent of those 75 and over had seen a sibling during the previous week. For men these proportions were 33 per cent and 21 per cent, respectively. Yet, family substitution does operate and more distant relatives tend to be seen in the absence of siblings. Recent contact with relatives other than children and siblings is less influenced by age than is recent contact with siblings. In 1975 39 per cent of persons 65 to 69 compared to 33 per cent of those 75 and over had seen relatives during the past week. Table 7-11A shows these findings.

Family Contacts among Various Subgroups of the Elderly

In this section of the chapter, we are concerned with the family contacts of the following subgroups of the population 65 years of age and over: persons who do not share a household with children; persons who have children, but who did not see a child in the week prior to the interview; persons who have no children; and, persons who live alone. All of these are people who would appear to be among the more vulnerable of the aged and in need of social support. In addition, we examine the effects of incapacity and age on family contacts among the elderly.

Persons who do not share a household with a child include both those with and without children. In both 1962 and 1975, over half of these persons had seen a child during the previous week. The proportion of

TABLE 7-11A: Percentage of Persons Aged 65 and Over Who Reported Contact with a Sibling or Other Relative During the Previous Week by Age and Sex

Contact and Age Groups	1962 Men	1962 Women	1962 All	1975 Men	1975 Women	1975 All
Saw sibling during previous week						
65-69	39	47	---[c]	33	45	40
N =[a]	---[c]	---	---	(776)	(1064)	(1840)
70-74	33	42	---	35	36	35
N =[a]	---[c]	---	---	(582)	(788)	(1370)
75+	27	39	---	21	32	28
N =[a]	---[c]	---	---	(574)	(895)	(1469)
Saw other relatives during previous week[b]						
65-69	31	35	---[c]	38	40	39
N =[a]	---[c]	---	---	(784)	(1077)	(1862)
70-74	33	36	---	31	33	32
N =[a]	---[c]	---	---	(590)	(843)	(1433)
75+	33	38	---	32	33	33
N =[a]	---[c]	---	---	(670)	(1064)	(1735)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]For 1962 other relatives excludes children and siblings; for 1975 other relatives excludes children, siblings, and grandchildren.

[c]Data not reported in 1962.

persons who live apart from children but who saw a child was less in 1975 than in 1962, 54 per cent compared to 63 per cent. Some 22 per cent of the elderly not sharing a household with a child either had no contact with a child during the week before their interview or had no children, but instead saw a sibling or some other relative during that week. Persons without children in 1962 were more likely than persons with children but without contact with such children to have seen a sibling or other relative during the week, 14 per cent compared to eight per cent. This pattern was no longer evident in 1975 as can be seen in Table 7-12A. Between 18 and 23 per cent of elderly who either lived apart from children or who had no children did not see any of their relatives during the previous week. Men and women living apart from children differed very little in their contacts with family members during the week before the interview. In both 1962 and 1975, the men were more likely than the women to have had no family contacts during the preceding week, 21 per cent compared to 14 per cent in 1962 and 28 per cent compared to 20 per cent in 1975. For both men and women in 1975 compared to 1962, there was a rise in the proportion of persons with no family contacts. And, in both surveys, one per cent of the elderly said that they had neither children, siblings nor other relatives.

Table 7-13A is a more detailed analysis of certain of the preceding findings. The proportion of persons with children who did not see a

TABLE 7-12A: Family Contacts, Persons Aged 65 and Over Who Do not Share a Household with a Child, by Sex (Percentage Distribution)

Family Contacts	1962			1975		
	Men	Women	All	Men	Women	All
Saw child during previous week	63	63	63	53	55	54
No contact with child, saw sibling or other relative during previous week[a]	7	9	8	12	14	13
Have no children, saw sibling or other relative during previous week[a]	12	17	14	6	10	9
No family contacts during previous week[a]	21	14	18	28	20	23
Have neither children, siblings, nor other relatives[a]	0	1	1	1	1	1
TOTAL	100	100	100	100	100	100
N =[b]	(878)	(1008)	(1886)	(2005)	(2935)	(4940)

[a]For 1962 other relatives excludes children and siblings; for 1975 other relatives excludes children, siblings, and grandchildren.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 7-13A: Family Contacts, Persons Aged 65 and Over with Surviving Children Who Did not See a Child During the Previous Week and Persons Aged 65 and Over with No Children, by Sex (Percentage Distribution)

Family Contacts	1962			1975		
	Men	Women	All	Men	Women	All
Persons who did not see a child during previous week:						
Saw a sibling or other relative[a] during previous week	37	54	45	35	43	39
Did not see a sibling or other relative during previous week	61	45	54	62	54	58
Have no siblings or other relatives	2	1	1	3	3	3
TOTAL	100	100	100	100	100	100
N =[b]	(171)	(165)	(336)	(493)	(582)	(1075)
Persons who have no living children:						
Saw a sibling or other relative during previous week	55	66	62	44	62	55
Did not see a sibling or other relative during previous week	43	30	35	51	32	39
Have no siblings or other relatives	2	4	3	5	6	5
TOTAL	100	100	100	100	100	100
N =[b]	(180)	(250)	(430)	(456)	(734)	(1190)

[a]For 1962 other relatives excludes children and siblings; for 1975 other relatives excludes children, siblings, and grandchildren.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

child but saw a sibling or other relative during the previous week declined from 45 per cent in 1962 to 39 per cent in 1975. In 1962 some 54 per cent of the women with children had not seen a child, but had seen a sibling or other relative during the week; in 1975 this proportion dropped to 43 per cent. In both survey years, slightly over a third of the men with children had contact with a relative, but not with a child during the week.

In both 1962 and 1975, persons with no living children were more likely than those with children to have seen a sibling or other relative during the previous week. The proportion of such persons declined from 62 per cent in 1962 to 55 per cent in 1975, however. While approxiamtely two-thirds of the women without children had seen a sibling or other relative during the previous week, the proportion of men who had seen a sibling or relative this recently declined from 55 per cent in 1962 to 44 per cent in 1975.

Among the elderly persons living alone in 1975, just over half had seen a child within the past week, 31 per cent within the past 24 hours and 22 per cent within the past two to seven days. An additional 21 per cent had seen some other relative within the past week. Roughly a quarter of these persons had not seen any relative during this time period. Again, men were less likely than women to have seen a child or a relative. Only two per cent of the elderly living alone, however, were without relatives altogether (see Table 7-14A).

TABLE 7-14A: Family Contacts, Persons Aged 65 and Over Who Live Alone, by Sex: 1975 (Percentage Distribution)

Family Contacts	Men	Women	All
Saw child today or yesterday	23	33	31
Saw child during past 2-7 days	15	24	22
Saw other relatives during past week	22	21	21
Saw no relatives during past week	38	21	24
Have no relatives	2	1	2
TOTAL	100	100	100
N (weighted) =	(364)	(1463)	(1827)

The degree of incapacity of older persons does influence their contact with their children. Those elderly persons who have difficulty or who are unable to meet their daily needs rely on their children for help, and thus, see their children more frequently than persons with little or no incapacity. In both 1962 and 1975, the more severe the incapacity, the greater the proportion of persons who had seen a child during the past 24 hours. In the earlier year, some 50 per cent of persons with no incapacity compared to 64 per cent with high incapacity scores (5 or better) had seen a child within the past 24 hours. In the later year, these percentages were 37 and 54, respectively (see Table 7-15A).

Approximately two-thirds of the non-bedfast elderly in 1962, irrespective of incapacity level, had seen a child during the week before their interview. In 1975, however, among persons with no incapacity, somewhat less than two-thirds had seen a child in the previous week compared to two-thirds of those with high incapacity scores. The weekly contact which apparently exists between the elderly and their children is more often for purposes of visiting and mutual exchange, while daily contact, when it is reported, is often related to meeting some of the needs of the parent generation.

As can be seen in Table 7-15A, whether the old person is incapacitated or not has no effect on the proportion of the elderly who had no family contacts during the previous week. That 18 per cent of persons

TABLE 7-15A: Family Contacts, Persons Aged 65 and Over, by Incapacity Score[a] (Percentages)

Family Contacts	1962				1975			
	0	1-2	3-4	5+	0	1-2	3-4	5+
Saw child during past 24 hours	50	56	62	64	37	49	46	54
N =[b]	(1526)	(540)	(183)	(183)	(3760)	(1196)	(343)	(341)
Saw child during previous week	66	72	74	69	58	64	68	65
N =[b]	(1526)	(540)	(183)	(183)	(3760)	(1196)	(343)	(341)
No family contacts during previous week	15	14	11	14	21	16	14	18
N =[b]	(1526)	(540)	(183)	(183)	(3760)	(1196)	(343)	(341)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

who had high incapacity scores had no family contacts during the previous week is reason for some concern. These are the persons most likely to need community services. They comprise about one per cent of the non-bedfast elderly. Their estimated number is about 1.7 million (U. S. Bureau of the Census, 1976).

Both advances in age and in degree of incapacity increase the likelihood of an old person seeing a child during a 24 hour period. Among the elderly with high incapacity, some 67 per cent of persons 75 to 79 and 61 per cent of persons 80 and over had seen a child in the past 24 hours compared to 36 per cent of those 65 to 69. Persons who are both very old and have high incapacity scores were also more likely than other old people to have seen a child during the previous week. Table 7-16A shows that 79 per cent of persons 80 and over with high incapacity scores had seen a child this recently compared to 67 per cent of persons 80 and over with less incapacity. Persons 75 and over with high incapacity scores were also those among the elderly most likely to have had some family contacts during the previous week. The family contacts of the elderly increase with their need. Incapacity compounded by very old age increases such family contact.

TABLE 7-16A: Family Contacts, Persons Aged 65 and Over, by Age and Incapacity Score: 1975[a] (Percentages)

Family Contacts and Age Groups	Incapacity Score	
	0-4	5+
Saw child during past 24 hours		
65-69	39	36
N (weighted) =	(2018)	(89)
70-74	39	52
N (weighted) =	(1524)	(58)
75-79	40	67
N (weighted) =	(926)	(72)
80+	48	61
N (weighted) =	(830)	(122)
All ages	41	54
N (weighted) =	(5299)	(341)
Saw child during previous week		
65-69	58	42
N (weighted) =	(2018)	(89)
70-74	60	59
N (weighted) =	(1524)	(58)
75-79	59	76
N (weighted) =	(926)	(72)
80+	67	79
N (weighted) =	(830)	(122)
All ages	60	65
N (weighted) =	(5299)	(341)
No family contacts during previous week		
65-69	20	28
N (weighted) =	(2018)	(89)
70-74	19	22
N (weighted) =	(1524)	(58)
75-79	22	11
N (weighted) =	(926)	(72)
80+	17	12
N (weighted) =	(830)	(122)
All ages	20	18
N (weighted) =	(5299)	(341)

[a]Excludes bedfast persons.

Mutual Help Patterns between the Elderly and Their Kin

Help and service across generations of related kin is a major feature of family life in our society (Sussman and Burchinal, 1962). As adult children begin families of their own, they often come to better understand and appreciate their parents. Aging parents continue to provide moderate assistance to adult children and are often eager to maintain ties with grandchildren. Affectional and economic ties, then, link these generational families and stabilize their relationships (Sussman, 1953).

What is the extent of mutual help among the elderly and their kin? The elderly increased their help to children and grandchildren between 1962 and 1975. In 1962 some 60 per cent of the elderly with children reported that they give help to their children and 50 per cent reported that they give help to grandchildren. In 1975 the proportion of persons who said they help their children or grandchildren increased to 71 per cent. In addition, some 46 per cent of the elderly reported that they also give help to great-grandchildren.

Whether the elderly person was a man or a woman had no effect on reports of help to children or grandchildren in either survey year. Women were more likely than men, however, to report help to great-grandchildren, 50 per cent compared to 40 per cent. This is due, in part, to more women in the survey being older, therefore, having more great-grandchildren available to them than do men.

In both survey years, slightly over two-thirds of the elderly reported receiving help from their children. In both years, a larger

proportion of women than men received such help, 75 per cent compared to 61 per cent in 1962 and 72 per cent compared to 62 per cent in 1975 (see Table 7-17A).

Only a small proportion of the elderly, three to four per cent, received money from children on a regular basis. Occasional money gifts from children were more frequent than regular financial help, but less so in 1975 than in 1962. Some 35 per cent of the elderly reported receiving occasional gifts of money from children in 1962 compared to 14 per cent in 1975. Children rarely pay for the medical expenses of their elderly parents; only two per cent of the elderly reported this kind of help in 1975.

Women were much more likely than men to receive occasional money gifts from their children in 1962. Some 75 per cent of the women compared to 61 per cent of the men reported this kind of help from children. In 1975, however, when money gifts from children declined in general, the differences between men and women were much less evident. Only 16 per cent of the women and ten per cent of the men reported receiving occasional gifts of money from their children in that year. Apparently both men and women were better able to meet their own financial needs in 1975 than they had been in 1962.

As age increases among elderly persons, the proportion who report giving help to children decreases. In 1975 some 78 per cent of persons 65 to 69 compared to 63 per cent of those 75 and over reported giving

TABLE 7-17A: Percentage of Persons Aged 65 and Over Who Give Help to Children, Grandchildren, and Great-Grandchildren and Receive Help from Children by Sex

Help Patterns	1962			1975		
	Men	Women	All	Men	Women	All
Gives help to children	59	60	60	72	69	71
N =[a]	(901)	(1111)	(2012)	(1850)	(2701)	(4551)
Gives help to grandchildren	50	49	50	73	69	71
N =[a]	(826)	(1025)	(1851)	(1734)	(2603)	(4337)
Gives help to great-grandchildren	---[c]	---	---	40	50	46
N =[a]	---[c]	---	---	(678)	(1413)	(2091)
Receives help from children[b]	61	75	69	62	72	68
Regular money help	1	7	4	2	4	3
Occasional money gifts	25	43	35	10	16	14
Makes medical payments	---[c]	---	---	*	2	2
N =[a]	---[c]	---	---	(1847)	(2703)	(4549)

*Less than 1% after rounding.

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Includes help from relatives in 1962.

[c]Data not reported in 1962.

help to their children.

Among the very old, persons 75 and over, women were more likely than men to report help to children in 1962, 55 per cent compared to 47 per cent. Much of this help by women was in the form of services, such as child care. In 1975 some 66 per cent of the men aged 75 and over and 61 per cent of the women reported giving help to children. Some of this change in the reports of help, especially by men, may be due to the increased ability of even quite elderly persons to give financial help to their children.

The age of old persons also influences the receipt of help from their children. In 1975 some 75 per cent of persons 75 and over compared to 63 per cent of those 65 to 69 reported receiving help from their children. Again, this pattern is evident among both men and women. With advancing age, then, elderly persons are increasingly likely to require services of various sorts, and thus, as they age they report receiving more help from children as can be seen in Table 7-18A.

Today elderly persons provide a variety of help and services to their adult children. Some of the changes between 1962 and 1975 in the kinds of help given to children by elderly persons reflect the improved economic position of the elderly and a relaxation of societal norms regarding traditional roles for men and women. In 1962 women were most likely to do housekeeping tasks for children or to help with grandchildren while men most often gave gifts to children or did household

TABLE 7-18A: Percentage of Persons Aged 65 and Over Who Gave Help to and Received Help from Children by Age and Sex

Age and Help Patterns	1962			1975		
	Men	Women	All	Men	Women	All
Gave help to children:						
65-69	66	66	---[b]	77	79	78
N =[a]	---	---	---	(721)	(932)	(1653)
70-74	62	57	---	72	70	71
N =[a]	---	---	---	(549)	(721)	(1270)
75+	47	55	---	67	61	63
N =[a]	---	---	---	(580)	(1047)	(1628)
Received help from children:						
65-69	60	72	---	58	67	63
N =[a]	---	---	---	(718)	(933)	(1651)
70-74	57	72	---	59	68	64
N =[a]	---	---	---	(546)	(724)	(1270)
75+	66	79	---	70	78	75
N =[a]	---	---	---	(584)	(1045)	(1629)
Received regular money help:						
65-69	1	5	---	1	2	2
N =[a]	---	---	---	(714)	(927)	(1641)
70-74	1	8	---	2	6	4
N =[a]	---	---	---	(546)	(724)	(1270)
75+	2	7	---	2	6	4
N =[a]	---	---	---	(584)	(1038)	(1621)
Received occasional money gifts:						
65-69	21	39	---	7	13	10
N =[a]	---	---	---	(708)	(924)	(1632)
70-74	23	43	---	12	13	12
N =[a]	---	---	---	(546)	(721)	(1267)
75+	31	48	---	13	22	19
N =[a]	---	---	---	(580)	(1042)	(1622)

TABLE 7-18A: Percentage of Persons Aged 65 and Over Who Gave Help to and Received Help from Children by Age and Sex (continued)

Age and Help Patterns	1962			1975		
	Men	Women	All	Men	Women	All
Received medical payments:						
65-69	---[b]	---	---	*	2	1
N =[a]	---[b]	---	---	(718)	(933)	(1651)
70-74	---[b]	---	---	1	2	2
N =[a]	---[b]	---	---	(546)	(724)	(1270)
75+	---[b]	---	---	*	3	2
N =[a]	---[b]	---	---	(584)	(1045)	(1629)

*Less than 1% after rounding.

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. For 1962 percentages were based on the following: men, 65-69 337, 70-74 281, 75+ 282; women, 65-69 421, 70-74 349, 75+ 335.

[b]Data not reported in 1962.

repairs for them. In 1975 the most likely form of help to children among both men and women was the giving of gifts. Men were less likely in 1975 than they were in 1962 to do household repairs for children (24 per cent and 32 per cent, respectively) while women were less likely to do housekeeping tasks for children (39 per cent in 1975 compared to 52 per cent in 1962). Men were somewhat more likely in 1975 than they were in 1962 to help with grandchildren, 28 per cent compared to 21 per cent. Table 7-19A shows these findings.

Some 94 per cent of all elderly persons in 1975 had grandchildren and 46 per cent had great-grandchildren. Earlier in this chapter we noted that 71 per cent of these elderly reported giving help to both grandchildren and great-grandchildren. Among elderly persons who reported that they help their grandchildren, some 43 per cent gave grandchildren money or gifts, 22 per cent babysat with grandchildren, and 12 per cent made things for grandchildren. These same kinds of help were provided to great-grandchildren as well. Some 38 per cent of the elderly who reported helping great-grandchildren had provided money or gifts, 16 per cent babysat, and 10 per cent made things for great-grandchildren. However, some 35 per cent of the elderly who reported helping grandchildren said that they had not helped in the past month, and 41 per cent of the elderly who reported helping great-grandchildren said that they had not helped during this same period. Realistically, then, about two-thirds of all elderly with grandchildren

TABLE 7-19A: Percentage of Persons Aged 65 and Over with Surviving Children Who Reported Specific Kinds of Help to Children During the Past Month by Sex

Kinds of Help Given to Children	1962			1975		
	Men	Women	All	Men	Women	All
Help with grandchildren	21	31	---[b]	28	41	36
Gifts	38	28	---	75	65	69
Emergency help	4	4	---	---[c]	---	---
Help during family illness	---[b]	---	---	6	8	7
Home repairs	32	4	---	24	3	11
Housekeeping	7	52	---	11	39	28
Other	3	1	---	17	10	13
TOTAL	---[d]	---	---	---	---	---
N =[a]	(350)	(520)	---	(832)	(1256)	(2089)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Data not reported in 1962.

[c]Data not reported in 1975.

[d]Percentages do not sum to 100 since more than one response could be given.

and three-fifths of those with great-grandchildren were providing some service to them during the month before their interview. Table 7-20A highlights these findings.

Summary

Persons aged 65 and over have frequent contacts with their children. The elderly were more likely in 1975 than in 1962, however, to see their children on a weekly or monthly basis and less likely to see them daily. Very old women and very old incapacitated persons of both sexes are more likely than other elderly persons to see children on a daily basis. In part, this is because widows tend to substitute children as a social resource for lack of a husband, and because the incapacitated elderly call upon children to meet their daily needs.

Contact with siblings is less frequent than contact with children. Nevertheless, contact with siblings is especially frequent among elderly women and those elderly persons who have never married. Men were more likely than women to have had no family contacts during the week before the interview.

Help to children and grandchildren increased between 1962 and 1975, and in 1975 a significant proportion of the elderly reported helping great-grandchildren as well. About the same proportion of elderly in 1962 and 1975 reported receiving help from children. A smaller proportion of the elderly in 1975 than in 1962, however, reported receiving financial help from children. The younger elderly are those more likely to help their children while the very old are more likely to report that

TABLE 7-20A: Percentage of Persons Aged 65 and Over Who Reported Specific Kinds of Help to Grandchildren and Great-Grandchildren During the Past Month[a]

Kinds of Help	Grandchildren	Great-Grandchildren
Took care of overnight or for weekend	6	2
Babysat	22	16
Made things	12	10
Gave money or gifts	43	38
Live with respondent	1	1
Took on vacation	1	0
Housekeeping	1	*
Other	2	1
Give help, but not in past month	35	41
TOTAL	---[b]	---[b]
N (weighted) =	(3056)	(964)

*Less than 1% after rounding.

[a]The percentage of persons with grandchildren who reported giving help to them was 71%; the percentage of persons with great-grandchildren who reported giving help to them was 71%.

[b]Percentages do not sum to 100 since more than one response could be given.

they receive help from children.

The elderly more often provided gifts and money to children, grandchildren and great-grandchildren in 1975 than they did in 1962. In addition, they care for grandchildren and great-grandchildren and help adult children around the house. Women are more likely than men to do housekeeping tasks for children while men more often provide home repairs. Both of these latter two forms of help were provided less often in 1975 then in 1962.

Table 7-21A shows that the changes in family relations among the elderly may reflect their improved economic status and increased independence. The improved conditions of the elderly have not lessened their involvement in the kinship system. Old people continue to live in close proximity to at least one child, although fewer of them share the same household with a child. Today family relations between the elderly and their children are more reciprocal in nature than they were 13 years ago. These relations are less likely to be characterized by dutiful assistance on the part of adult children. Instead, the elderly and their children tend to visit and exchange services voluntarily.

TABLE 7-21A: Summary of Family Relations, Persons Aged 65 and Over (Percentages)

Characteristics	1962	1975
Proximity of children:		
Children in same household	28	18
Nearest child more than one hour distant	16	18
N =[a]	(2007)	(4544)
Contact with children:		
Saw at least one child today or yesterday[b]	65	53
N =[a]	(2002)	(4553)
Stayed overnight with a child within past 12 months	43	45
Had a child stay overnight within past 12 months	46	45
N =[a]	(1966)[c]	(4398)[c]
Help to children:		
Gave help to children	60	71
N =[a]	(2012)	(4551)
Gave help to grandchildren	50	71
N =[a]	(1871)	(4337)
Help from children:		
Received regular money allowance	4	3
Received occasional money gifts within past month	35	14
Makes medical payments	---[d]	2
N =[a]	(2012)	(4549)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Includes persons who live in the same household with a child.

[c]Excludes persons who do not have children outside the household.

[d]Data not reported in 1962.

CHAPTER VII

References

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CHAPTER VIII

ISOLATION IN OLD AGE

A major interest in studies of the elderly is the extent to which old people are isolated. Some persons see the elderly in contemporary society as set apart from the stream of adult life. They are not really adults with "full status" like the middle-aged. Rather, they are "seniors" and as such they differ in kind from other adults. For those with this point of view a determination of just how many older people are isolated is essential for providing some justification for their beliefs about older people. Those persons responsible for providing services to old people, however, have a greater need for some estimation of the extent of isolation among the elderly. Such an estimate is essential so that service providers can make a realistic assessment of the numbers of old persons who might be in need of special services arising from their isolated condition.

Many of the discussions of isolation among the elderly assume that persons living alone are isolated. The isolated person can be described as someone who suffers from feelings of loneliness and feelings of alienation, and who desires more interaction with other persons than he may now have. Many older persons living alone, like many younger persons, are neither lonely nor alienated. They feel no special need for more interaction with other persons. Living alone, then, is not necessarily a concomittant of isolation. Their psychic feelings and the extent of their interaction with other persons may be more important than living arrangements in identifying the isolated elderly (Townsend, 1968).

It is difficult to develop quantitative measures of isolation. Individuals, whether young or old, differ greatly. Situations which one person might find distressing and conducive to feelings of loneliness, might be accepted by another person as quite usual and non-stress producing (Tunstall, 1966). The data gathered in this research project enable us to report certain objective circumstances of peoples' lives--whether they live alone or not, and the extent to which they interact with others. These objective descriptions may be correlated with self-reports of loneliness to give us some clue as to the extent of isolation among the elderly.

Who are the Isolated: An Overview

This section presents in summary form an overview of persons who are often described as being isolated: persons who live alone; persons who report they are often alone; and persons who have no families or if they have relatives have seen none among them recently. Later in this chapter there will be a more detailed discussion of old people living alone and of loneliness among the aged.

If living alone is considered a measure of isolation then the isolation of the elderly has increased between 1962 and 1975. The proportion of old people living alone, particularly among older women, has risen substantially in these 13 years. Overall, for both men and women, the number of persons living alone rose from two of every ten to three of every ten. In 1962, about three of every ten women lived alone, 13 years later about four of every ten women lived alone.

Although the proportion of old people who lived alone increased between 1962 and 1975, the proportion of old people who reported that they had no human contacts the day before they were interviewed rose only slightly. In 1962, only one per cent of all old people, irrespective

of their living arrangements, said that they had no human contacts the day before they were interviewed. In 1975, about two per cent of all old people reported no human contact during the most recent weekday before their interviews, and three per cent reported that they had no human contact during the past Sunday. Although old people in general have continued to have daily contacts with other people, there is some indication that for persons living alone the amount of such interaction has declined slightly. From six to nine per cent of those living alone in 1975 compared to four per cent in 1962, said that they had no interaction with other persons on the most recent weekday or Sunday as can be seen in Table 8-1A.

If the reports of old people that they are often alone is used as a measure of isolation, the isolation of the elderly has increased between 1962 and 1975. There has been a marked rise in the proportion of the elderly whatever their living arrangements who say that they are often alone, from about two of every ten in 1962 to about three of every ten in 1975. The increase in persons who say they are often alone is especially marked among women. In 1975, four of every ten women compared to two of every ten men said they were often alone. The increase among old persons in their reports of being alone cannot be accounted for by any shrinkage or "thinning out" of the families of old people. In 1975, as in 1962, only about one old person in every hundred said that they had no relatives. On the other hand, visiting between old people and their relatives declined between 1962 and 1975.

TABLE 8-1A: Percentage of Men and women living in isolation.

Degree of Isolation	Men	Women	All
1962			
Isolation yesterday			
All living alone	12	29	22
No visits in previous week and no human contact yesterday	1	1	1
No human contact yesterday	1	1	1
Human contact yesterday	11	27	20
Not living alone	88	71	78
TOTAL	100	100	100
N = [a]	(1081)	(1361)	(2442)
1975			
Isolation during most recent weekday			
All living alone	16[b]	42[b]	32[b]
No visits in previous week and no human contact most recent weekday	---[d]	---[d]	---[d]
No human contact most recent weekday	2	3	2
Human contact most recent weekday	14	38	28
Not living alone	84	58	68
TOTAL	100	100	100
N = [a]	(2315)	(3441)	(5756)
Isolation during past Sunday			
All living alone	16[c]	42[c]	32[c]
No visits in previous week and no human contact past Sunday	---[d]	---[d]	---[d]
No human contact past Sunday	2	3	3
Human contact past Sunday	13	39	28
Not living alone	84	58	68
TOTAL	100	100	100
N = [a]	(2315)	(3441)	(5756)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Detailed information on now-response is not given in this or subsequent tables if 98 per cent or more of all eligible respondents have answered the questions.

[b]Includes cases where human contact is not known: men, 7 weighted cases; women, 44 weighted cases; total, 51 weighted cases.

[c]Includes cases where human contact is not known: men, 9 weighted cases; women, 29 weighted cases; total, 38 weighted cases.

[d]Data not reported in 1975.

In 1975, one of every five old persons with living relatives compared to about one of every eight in 1962, said that they had not seen a relative in the past week. It may be that more persons say they are alone because they are less likely to have members of their families visit with them. Table 8-2A shows these findings.

The summary overview of measures of isolation shows three changes in the situation of old people between 1962 and 1975: a rise in persons living alone, a slight rise in persons who report no recent human contacts, and a marked increase in persons who say they are often alone or who have had no recent visit from their relatives. We shall now report in greater detail on persons who live alone, those persons who have no human contacts, and those who say they are often alone or have no visits to see whether we can determine the relationship between these indices.

Old People Who Live Alone

In this section we shall discuss the special characteristics of old people who live alone: whether or not they have children, what sort of social activities they engage in, their reports of often being alone, and the influence of health status on such reports. From these analyses it is apparent that adult children are a major social support of elderly parents who live alone. About two of every three old persons living alone in both 1962 and 1975 were the parents of children. There was no increase then between surveys in the proportion of elderly parents who live

TABLE 8-2A: Degree of Isolation, Persons Aged 65 and Over, by Sex (Percentage Distribution)

Degree of Isolation	1962			1975		
	Men	Women	All	Men	Women	All
How often alone						
Often alone	18	33	26	22	43	34
Not often alone	82	67	74	78	57	66
TOTAL	100	100	100	100	100	100
N = [a]	(1073)	(1354)	(2427)	(2290)	(3397)	(5686)
Isolation from family						
No relatives at all	0	1	1	1	1	1
Relatives, not seen in past week	17	10	13	24	17	20
Relatives, one or more seen in past week	83	89	86	75	82	79
TOTAL	100	100	100	100	100	100
N = [a]	(1081)	(1361)	(2442)	(2315)	(3441)	(5756)

[a]The N (number of cases) for 1962 is unweighted, the number of cases for 1975 is weighted.

apart from children. About half of these elderly parents, one of every three persons living alone, lived within ten minutes journey or less from their nearest child. About one of every five elderly parents living alone said they were more than an hour's distance from their nearest child. Again, in the 13 years there was no increase in the proportion of old people living at a great distance from children. Despite the increase in mobility which might have occurred either among the adult child or the parent generation in the 13 years between the surveys old parents still were physically close to adult children. Elderly fathers, however, who lived alone were less likely than elderly mothers to live within ten minutes of a child, and somewhat more likely to live at an hour's journey or more distance from their nearest child as can be seen in Table 8-3A.

Old people who live alone and who have children see at least one of these children often. In 1975 about four of every ten of these persons, and in 1962 about five of every ten, had seen a child either the day they were interviewed or the day before. In both 1962 and 1975 three of every four elderly parents living alone had seen a child either within the preceding 24 hours or within the past week. Women were more likely than men to have recently seen one of their children. About a third of all men had seen none of their children during the past week. Table 8-4A shows these findings.

TABLE 8-3A: Persons Aged 65 and Over with Surviving Children Who Live Alone but Have a Child Living Within Ten Minutes Journey by Sex (Percentage Distribution)

Distance from Nearest Child	1962			1975		
	Men	Women	All	Men	Women	All
10 minutes journey or less	36	50	47	38	50	48
11-60 minutes journey	40	31	33	37	30	32
More than 60 minutes journey	24	19	20	25	20	21
TOTAL	100	100	100	100	100	100
N =[a]	(92)	(298)	(390)	(212)	(1070)	(1282)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 8-4A: Frequency of Contacts with Children, Persons Aged 65 and Over with Surviving Children Who Live Alone by Sex (Percentage Distribution)

Frequency of Contact	1962			1975		
	Men	Women	All	Men	Women	All
Saw child today or yesterday	41	56	53	38	45	44
Saw child during past week	26	25	25	25	33	31
Did not see child during past week	33	19	22	37	22	24
TOTAL	100	100	100	100	100	100
N =[a]	(92)	(298)	(390)	(219)	(1074)	(1294)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

How do old people who live alone fill their time? Obviously, part of the time of solitary householders is spent in ordinary tasks of daily living, in preparing meals and tidying up their homes. Part of their leisure time is spent in watching television or in listening to the radio. Many more old people watched television in 1975 than in 1962, reflecting the greater availability of television sets. There was also an increase, however, in old people who said they listened to the radio. People occupied their time in shopping, or in going for a walk. Many times these two activities were combined, so that the walk was an excursion with a destination--the grocery store or the newsstand.

Old people who lived alone reported considerable interaction with other people. About half, both men and women, said they had received visitors the previous day and the previous Sunday, and about a third visited friends.

The visitors to old people living alone were relatives, friends, and neighbors. Between 1962 and 1975 the proportion of old people, especially men, who said they had some visitors the previous weekday or Sunday increased (see Table 8-5A). However, in 1975 compared to 1962, old people were apparently less likely to have visits on the same day from all three sorts of visitors: relatives, friends, neighbors. Half

TABLE 8-5A: Percentage of Persons Aged 65 and Over Living Alone Who Reported Specific Activities the Previous Day

Activities	1962			1975					
	Previous Day			Previous Weekday			Previous Sunday		
	Men	Women	All	Men	Women	All	Men	Women	All
Listening to the radio	59	55	56	66	64	64	55	54	54
Going for a walk	67	44	50	54	38	41	39	25	28
Doing shopping	44	30	33	49	41	43	9	9	9
Having visitors	34	52	48	48	57	56	44	53	51
Watching television	44	56	53	74	83	82	68	77	75
Visiting friends	29	42	39	32	28	29	35	36	36
Meeting friends somewhere	54	38	42	44	30	33	39	29	31
None of these activities	---[b]	---	---	2	2	2	2	2	2
Mean number of activities	3.3	3.4	3.4	3.7	3.4	3.4	2.9	2.8	2.8
N =[a]	(133)	(391)	(554)	(364)	(1463)	(1827)	(364)	(1463)	(1827)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. For 1962 the percentages of eligible respondents who answered these questions varied between 98.5 and 94.0 for men and between 98.5 and 95.4 for women. For 1975 the percentages of eligible respondents who answered these questions varied between 100 and 98.1 for men and between 100 and 97.7 for women.

[b]Data not reported in 1962.

as many old people in 1975, compared to 1962, said that their friends, neighbors and relatives all had visited them on the previous day. Thus, while the overall proportion of persons living alone who reported that they had visitors increased in the 13 year period, the actual number of daily visitors to any one person apparently decreased. With fewer numbers of daily visitors, old people had more time to be alone. Table 8-6A highlights these findings.

Age has an effect on the activities of those who live alone. Irrespective of advances in age, from 65 to past 80, half of all persons continue to report that they have visitors. However, visiting others on Sunday or meeting a friend somewhere is reported by fewer of the very old, those over 80, than by those from 65 to 80. Similarly, those over 80 are less likely to go out for a walk, or to report that they have been shopping. The mean number of activities reported by persons living alone is much the same for those aged 65 to 69, 70 to 74, and 75 to 79. The number of activities declines, however, for those aged 80 or more as can be seen in Table 8-7A.

Old people who live alone are the most likely of all elderly persons to say they are often alone. This may be expected since by definition living alone will result in periods without other human companionship. The proportion of elderly men and women who saidthat they are often

TABLE 8-6A: Percentage of Persons Aged 65 and Over Living Alone Who Were Visited by a Neighbor, Friend, or Relative the Previous Day

Visitor	1962	1975	
	Visited the Previous Day	Visited the Previous Weekday	Visited the Previous Sunday
Neighbor	59	30	25
N =[a]	(219)	(1743)	(1707)
Friend	46	22	20
N =[a]	(219)	(1736)	(1702)
Relative(s)	60	33	32
N =[a]	(219)	(1736)	(1707)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. For 1962 the percentage of eligible respondents who answered these questions varied between 87.4 and 89.0; the maximum number of cases was 219.

TABLE 8-7A: Percentage of Persons Aged 65 and Over Living Alone Who Had Particular Activities on the Previous Day by Age Group

Activities	1962				1975							
	Previous Day				Previous Weekday				Previous Sunday			
	65-69	70-74	75-79	80+	65-69	70-74	75-79	80+	65-69	70-74	75-79	80+
Listening to the radio	58	57	49	59	62	71	64	58	53	61	48	52
Going for a walk	45	53	47	55	46	39	49	29	29	29	30	23
Doing shopping	32	34	34	35	56	41	45	25	12	8	10	4
Having visitors	49	53	40	46	56	52	57	58	56	46	52	50
Watching television	60	56	48	46	84	31	83	76	78	75	73	71
Visiting friends	47	42	38	28	28	32	27	28	38	35	40	28
Meeting friends somewhere	48	39	36	43	37	33	36	25	35	30	33	24
None of these activities	---[b]	---	---	---	2	1	0	5	1	1	2	4
Mean number of activities	3.4	3.3	2.9	3.1	3.7	3.5	3.6	3.0	3.0	2.8	2.8	2.5
N =[a]	---[c]	---	---	---	(546)	(507)	(379)	(394)	(546)	(507)	(379)	(394)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. For 1962 the percentage of eligible respondents who answered these questions varied between 98.5 and 94.0. For 1975 the percentage of eligible respondents who answered these questions varied between 100 and 97.7 for previous weekday and between 100 and 96.9 for previous Sunday.

[b]Data not reported in 1962.

[c]The number of persons replying varied for the different activities between 143 and 149 for persons aged 65-69, between 151 and 157 for persons aged 70-74, between 102 and 104 for persons aged 75-79, and between 78 and 103 for persons aged 80+.

alone is virtually unchanged in the 13 year period between 1962 and 1975.

Sex and marital status affect whether or not people say they are often alone. Unmarried persons, whether they live alone, with their children, or with other persons, are more likely than married persons to say that they are often alone. Unmarried men are more likely than unmarried women to report that they are often alone. About a third of unmarried persons living with children say they are often alone. Some of these reports may indeed reflect the absence of working children from the household during the day. On the other hand, some of these reports reflect the sense of loss associated with widowhood. The presence of children in the household cannot replace the lost spouse. Those unmarried persons in a household with others, not their children, are less likely than those who live alone or those who live with children to report that they are often alone. Persons living with "others," as distinct from those living with children, are likely to have never been married and to have had long-established living arrangements with friends or relatives. Table 8-8A highlights these findings.

About one in ten married persons say they are often alone. Such reports are more common among women than among men. It may be that husbands and other household members are away during the day and these women are indeed often alone.

On the other hand, some of the reported loneliness of these married

TABLE 8- 8A: Percentage of Persons Aged 65 and Over Who Say They are Often Alone by Living Arrangements, Marital Status, and Sex

Living Arrangements and Marital Status	1962			1975		
	Men	Women	All	Men	Women	All
Unmarried[a]						
Living alone	88	74	---[c]	85	78	79
N =[b]	---[c]	---	---	(361)	(1436)	(1797)
Living with children	31	28	---	39	34	35
N =[b]	---[c]	---	---	(74)	(398)	(472)
Living with others	17	19	---	28	23	24
N =[b]	---[c]	---	---	(118)	(324)	(442)
Married, Living with Spouse						
Living with spouse only	6	10	---	8	10	9
N =[b]	---[c]	---	---	(1421)	(1076)	(2496)
Living with children	3	7	---	4	11	6
N =[b]	---[c]	---	---	(233)	(115)	(348)
Living with others	5	d	---	5	18	10
N =[b]	---[c]	---	---	(83)	(48)	(130)

[a]Includes widowed, separated, divorced, and never married persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1962.

[d]Percentages are not computed on a base of less than 50.

women may be related to their physical limitations. Women report more physical incapacity than men. The data indicate that persons with marked limitations on their physical capacity are more likely than other persons to report that they are often alone. Such physical incapacity contributes to the inability of persons to participate in activities with family members or friends and neighbors. However, whether incapacitated or no, women were almost twice as likely as men to say that they were often alone as can be seen in Table 8-9A.

Persons who live alone, then, and who have children, are likely to live close to at least one child and to see that child often. Old people who live alone are visited by relatives, friends and neighbors, although, compared to 1962, the number of daily visitors to the elderly has declined. Persons over 80 are less likely than persons under 80 to report activities. About five per cent of those over 80 said that they engaged in no activities the previous weekday or Sunday.

While the majority of old people are unlikely to say they are often alone, unmarried persons, whether they live alone or not, are more likely than others to say that they are often alone. Some of these reports reflect the sense of loss experienced by the widowed. Physical incapacity, too, affects whether people say they are often alone. Women, who are more likely than men to be widowed, and more likely to have limitations in their physical capacity, are also more likely than men to say they are often alone.

TABLE 8-9A: Percentage of Persons Aged 65 and Over Who Say They are Often Alone by Incapacity Score and Sex[a]

Incapacity Score	1962			1975		
	Men	Women	All	Men	Women	All
0	16	29	---c	20	39	31
N =[b]	(735)	(784)	---	(1643)	(2072)	(3716)
1-2	25	41	---	25	47	39
N =[b]	(220)	(318)	---	(427)	(761)	(1187)
3-4	19	33	---	28	55	46
N =[b]	(67)	(114)	---	(118)	(225)	(343)
5+	18	38	---	29	52	47
N =[b]	(50)	(129)	---	(61)	(267)	(328)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1962.

Loneliness among the Aged

Reports of loneliness among the aged are associated with certain characteristics: sex, marital status, whether or not the old person has children, health status and calendar age. About three of every four old persons say that they are rarely or never lonely. About one in four say they are sometimes or often lonely. The proportion of the elderly who reported feelings of loneliness is virtually unchanged between 1962 and 1975. Table 8-10A shows percentage of persons who say they feel lonely.

Women are more likely than men to say they are lonely. This is largely because a higher proportion of women than of men are widowed. The widowed, whether men or women, are the loneliest persons among the elderly. Four of every ten widowed persons say they are often or sometimes lonely. Persons who have never married are less likely than those who are widowed to say they are lonely. It is loss, real or perceived, that creates a feeling of loneliness and this sense of loss is greatest among those who have previously had an intimate relationship with another person. Table 8-11A shows a self-evaluation of loneliness by marital status and sex.

Unmarried persons who live alone are the most likely of all unmarried persons to say that they are often or sometimes lonely. There is very little difference, however, between reports of loneliness among

TABLE 8-10A: Percentage of persons who say they feel lonely (Percentage Distribution)

Self-Evaluation of Loneliness	1962			1975		
	Men	Women	All	Men	Women	All
Often lonely	8	9	9	7	7	7
Sometimes lonely	16	25	21	14	24	20
Rarely or never lonely	76	66	70	78	69	73
TOTAL	100	100	100	100	100	100
N =[a]	(1064)	(1348)	(2417)	(2298)	(3435)	(5733)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 8-11A: Self-Evaluation of Loneliness, Persons Aged 65 and Over, by Marital Status and Sex (Percentage Distribution)

Marital Status and Self-Evaluation of Loneliness	1962			1975		
	Men	Women	All	Men	Women	All
Married						
Often lonely	3	5	4	4	3	4
Sometimes lonely	13	20	16	10	15	12
Rarely or never lonely	84	76	81	85	82	84
TOTAL	100	100	100	100	100	100
N =[a]	(809)	(505)	(1314)	(1744)	(1248)	(2992)
Previously married[b]						
Often lonely	23	13	16	19	10	12
Sometimes lonely	28	30	30	25	30	29
Rarely or never lonely	48	57	55	56	60	60
TOTAL	100	100	100	100	100	100
N =[a]	(223)	(759)	(982)	(458)	(1983)	(2441)
Never married						
Often lonely	c	4	9	3	3	3
Sometimes lonely	c	12	12	33	23	26
Rarely or never lonely	c	84	78	64	74	70
TOTAL	100	100	100	100	100	100
N =[a]	(32)	(84)	(116)	(96)	(204)	(300)

[a]The N (number of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Includes widowed, separated, and divorced persons.

[c]Percentages not computed on a base of less than 50.

women who live alone and those who live with their children. Both of these groups, largely widows, are more apt than women who live with "others" to say that they are lonely. This latter group of women, as has been indicated earlier, includes many persons who have never married and who share a household with another person. Among unmarried men, however, in contrast to women, those who live with others are the most likely to say they are often or sometimes lonely The reasons for this are not clear from the data. Table 8-12A shows findings on self-evaluation and loneliness of unmarried persons by living arrangements and sex.

Because loneliness seems to be most common among the widowed, it is of special interest to see whether widowed persons who are parents are less lonely than widowed persons who have no children. The findings indicate that what seems to be important is not being a parent but rather whether one saw a child recently. In both 1962 and 1975 widowed persons with children who either live with a child or who saw a child in the 24 hours before their interview are less likely to say they are lonely than widowed persons with children who did not see one of these children. Widowed people who did not see their children are equally as likely as persons who have no children to say that they are often or sometimes lonely. Table 8-13A shows these findings.

Physical limitations affect whether or not people will report that

TABLE 8-12A: Self-Evaluation of Loneliness, Unmarried Persons[a] Aged 65 and Over, by Living Arrangements and Sex (Percentage Distribution)

Sex and Self-Evaluation of Loneliness	1962 Living Alone	1962 Living with Child	1962 Living with Others	1975 Living Alone	1975 Living with Child	1975 Living with Others
Men						
Often lonely	32	17	9	18	11	15
Sometimes lonely	27	29	21	25	22	35
Rarely or never lonely	41	54	70	57	67	51
TOTAL	100	100	100	100	100	100
N =[b]	(133)	(69)	(53)	(361)	(77)	(116)
Women						
Often lonely	15	11	6	10	8	10
Sometimes lonely	30	30	20	30	32	20
Rarely or never lonely	55	59	74	60	61	70
TOTAL	100	100	100	100	100	100
N =[b]	(391)	(286)	(166)	(1460)	(399)	(329)
All[c]						
Often lonely	19	12	7	12	8	11
Sometimes lonely	29	30	20	29	30	24
Rarely or never lonely	51	58	73	59	62	65
TOTAL	100	100	100	100	100	100
N =[b]	(524)	(355)	(219)	(1821)	(476)	(445)

[a]Includes widowed, separated, divorced, and never married persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]For 1962 the percentages in the "all" colums were estimated from rounded numbers.

TABLE 8-13A: Self-Evaluation of Loneliness, Widowed Persons Aged 65 and Over, by Contact with Children (Percentage Distribution)

Self-Evaluation of Loneliness	Saw Child Yesterday or Today[a]	Did Not See Child Yesterday or Today	Have no Children
1962			
Often lonely	13	19	19
Sometimes lonely	29	30	27
Rarely or never lonely	58	51	54
TOTAL	100	100	100
N = [b]	(562)	(199)	(124)
1975			
Often lonely	10	14	10
Sometimes lonely	28	30	32
Rarely or never lonely	62	56	58
TOTAL	100	100	100
N = [b]	(1003)	(739)	(372)

[a]Includes child in the same household.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

they are lonely. In both 1962 and 1975 the more incapacitated the old person the more likely he was to report himself as "lonely." Reports of loneliness are least for those with no incapacity, greatest for those with marked limitations on their activity. Persons with incapacity scores of five or more compared to persons with no reported incapacity are three times as likely to say they are lonely. Women are more likely to report loneliness than men with a similar incapacity score. Again, this may be the result not of women being more distressed by incapacity than men but by the much higher proportion of women who are widows. Table 8-14A shows the self-evaluation of loneliness by incapacity Score and sex.

Age and Isolation

Persons aged 65 and over include the members of two generations. Bernice Neugarten has described them as the "young-old," and the "old-old." Tables 8-15A and 8-16A give some of the indicators of isolation--living alone, human contacts, lack of relatives and reports of loneliness--for persons of different age groups. The reports in Table 8-16A differ from those in Table 8-15A in that Table 8-16A gives the findings for only those persons who have no incapacity, a score of zero on the incapacity scale.

With each successive age cohort from ages 65-69 to ages 80 and more a greater proportion of old persons live alone. Those over 80 are 50 per cent more likely to live alone than those aged 65 to 69. While the proportion of old people living alone rises from age group to age group, the proportion of those living alone with no human contact

TABLE 8-14A: Self-Evaluation of Loneliness, Persons Aged 65 and Over, by Incapacity Score and Sex[a] (Percentage Distribution)

Sex and Self-Evaluation of Loneliness	1962			1975		
	0	1-4	5+	0	1-4	5+
Men						
Often lonely	6	9	d	5	13	2
Sometimes lonely	13	24	d	11	21	33
Rarely or never lonely	80	68	d	84	67	66
TOTAL	100	100	100	100	100	100
N =[b]	(729)	(286)	(48)	(1651)	(542)	(65)
Women						
Often lonely	4	11	30	4	9	24
Sometimes lonely	30	33	29	20	26	44
Rarely or never lonely	76	56	41	76	65	32
TOTAL	100	100	100	100	100	100
N =[b]	(777)	(432)	(130)	(2093)	(994)	(273)
All[c]						
Often lonely	5	10	---[e]	5	10	20
Sometimes lonely	19	29	---	16	24	41
Rarely or never lonely	76	60	---	79	66	39
TOTAL	100	100	100	100	100	100
N =[b]	(1506)	(718)	(178)	(3743)	(1536)	(338)

[a]Excludes bedfast persons.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]For 1962 the percentages in the "all" columns were estimated from rounded numbers.

[d]Percentages not computed on a base less than 50.

[e]Data not reported in 1962.

TABLE 8- 15A: Percentage of Persons of Different Age Who have Particular Characteristics and Reactions.

Characteristics and Reactions	1975				
	65-69	70-74	75-79	80+	All
Characteristics					
Living alone	26	32	37	39	32
N =	(2125)	(1610)	(1014)	(1007)	(5756)
Living alone and no human contact previous weekday	10	7	8	6	8
N =	(539)	(484)	(372)	(381)	(1776)
Living alone and no human contact previous Sunday	6	9	9	13	9
N =	(534)	(491)	(379)	(385)	(1789)
Often alone	30	31	40	44	34
N =	(2090)	(1598)	(1006)	(993)	(5686)
No relatives or none seen in previous week	22	20	22	17	21
N =	(2125)	(1610)	(1014)	(1007)	(5756)
Reactions					
Time passes slowly	21	23	27	32	24
N =	(2115)	(1608)	(1010)	(1007)	(5741)
Often or sometimes lonely	24	27	30	31	27
N =	(2106)	(1606)	(1014)	(1007)	(5733)

TABLE 8- 16A: Percentage of Non-incapacitated Persons of Different Ages Who have Particular Characteristics and Reactions[a]

Characteristics and Reactions	1975			
	65-69	70-74	75-79	80+
Characteristics				
Living alone	26	34	38	42
N =	(1620)	(1096)	(619)	(425)
Living alone: unmarried persons only	72	77	76	70
N =	(577)	(488)	(305)	(255)
Often alone	27	29	37	42
N =	(1595)	(1088)	(614)	(419)
Reactions				
Time passes slowly	16	16	18	20
N =	(1614)	(1095)	(618)	(425)
Often or sometimes lonely	20	21	23	18
N =	(1604)	(1095)	(619)	(425)

[a]Non-incapacitated persons are those scoring 0 on the index of incapacity.

the previous weekday declines from about one in ten among those aged 65-69 to about one in sixteen among those aged 80 and over. Association with other persons on weekdays and on Sundays is apparently interchangeable. The younger aged are more likely to report human contacts on Sunday, the older aged are more likely to report such contacts on a weekday. The proportion of persons who say they are often alone rises with age. Again, those age 80 and more are 50 per cent more likely than those aged 65 to 69 to say that they are often alone. Although the "over-eighties" are the most likely of the elderly to live alone and the most likely to say that they are often alone, they are also somewhat more likely than other persons to be visited by relatives.

There is a steady rise from age cohort to age cohort in subjective feelings of isolation. The proportion of old people who say that time passes slowly for them, or that they are often or sometimes lonely rises from about one in four at ages 65 to 69 to one in three at ages 80 and over.

All the indicators of isolation, whether the objective indicator of living alone or of reporting that one is often alone, or the subjective indicator of reported loneliness, are greatest for the oldest segment of the over 65 population. Those over 80 are the most likely to be widowed, and thus both most likely to live alone and to suffer feelings of loss.

This same age group, the over eighties, is also most likely to have

marked physical incapacity. Physical incapacity, poor health, is associated with the physochological index of isolation used in this analysis--feelings of loneliness. Table 8-16A gives the living arrangements and the reports on passage of time and feelings of loneliness of the non-incapacitated aged. Again, a much higher proportion of those over 80 than of those in younger age cohorts live alone and, once again, a much higher proportion of those over 80 than those in younger age groups say they are often alone. When the non-incapacitated aged are analyzed separately from their age mates with reports of incapacity, however, the difference between age groups in reports of loneliness or of the slow passage of time vanish. The non-incapacitated over eighties are like those under 80--about a fifth say that time passes slowly, about a fifth say that they are lonely.

The effect of age on isolation, then, is not clear-cut. While more of the very old than of the younger elderly live alone and more of the very old say they are often alone, those among the very old who are in good health are no more likely than the younger elderly to report subjective feelings of isolation. It is the frail person among the very old who is likely to feel most isolated. Self-perception of poor physical health is associated with feeling isolated. Which is cause and which is effect cannot be determined from the aggregated data here available.

The Neighborhood and Visiting Patterns

Neighbors are one of the major social resources of old people. About a third of old people living alone were visited by neighbors the last weekday before they were interviewed; about a fourth had neighbors visit the previous Sunday. Neighbors are more likely than friends to be a visitor to those who live alone. Persons living alone and married persons are equally likely to see their neighborhood as one where people keep to themselves. Only one of every three elderly persons says that their neighborhood is one where people often visit. Unmarried persons living with others, that group of persons among the unmarried who are least likely to say that they are often alone or to report feelings of loneliness, are the most likely of all elderly to say that the people in their neighborhood keep to themselves. Only one in four of those living with others say that their neighborhood is one where people often visit as can be seen in Table 8-17A.

Summary

Many discussion of isolation among the elderly assume that persons living alone are isolated. Many older persons living alone, however, like many younger persons, feel no special need for interaction with other persons. Some among them have active social lives despite their living arrangements. The isolated person may best be described as someone who suffers from feelings of loneliness and feelings of alienation and who wishes more interaction with others than he may now have.

Between 1962 and 1975 the proportion of older people living alone

TABLE 8-17A: Perception of Neighborhood Visiting Patterns, Persons Aged 65 and Over, by Living Arrangements and Marital Status: 1975 (Percentage Distribution)

Perception of Neighborhood Visiting Patterns	Married Persons	Unmarried Persons[a]		
		Living Alone	Living with Others	Total
Believe persons often visit	31	30	24	28
Believe persons keep to themselves	67	66	74	69
Don't know	2	4	2	3
TOTAL	100	100	100	100
N (weighted) =	(2992)	(1823)	(920)	(2743)

[a]Includes widowed, separated, divorced, and never married persons.

increased to three of every ten persons. At the same time, the proportion of old people living alone who reported that they had no human contacts the weekday or Sunday before their interview increased to from six to nine per cent of all persons living alone, or about 400,000 persons. In the same 13 year period there was a marked rise in the proportion of the elderly, irrespective of their living arrangements, who said that they are often alone. Old people who live alone, as might be expected, were the most likely to say they are often alone.

Adult children continue to be the main social support of aged parents irrespective of the latter's living arrangements. There has been no increase between surveys in the proportion of elderly parents who live alone. In 1975 about half of all elderly parents who live alone lived within ten minutes journey or less of their nearest child. Further, four of every ten parents who live alone saw at least one of their children either the day they were interviewed or the day before that.

Old people living alone reported having many visitors, friends, neighbors and relatives, and reported visiting these friends, neighbors and relatives in turn. The very old, those over 80 who were the most likely to report visitors, were least likely to report visiting. With increases in age there was a related increase in the proportion of elderly persons living alone. The older the respondent the more likely he is to report that he is often alone, or that time passes slowly for him. The effect of age on isolation, however, is complicated by the physical condition of the respondent. Those among the very old who are in good health, however, are no more likely than the young aged to report that time passes slowly for them or that they are often lonely.

CHAPTER VIII

References

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CHAPTER IX

WORK AND RETIREMENT

The varieties of work which people perform and the conditions of work vary enormously. The Chairman of the Board of a large corporation and the man loading a truck, for example, are both workers. The tasks they do may differ but each of them is an employee engaged on a job. The hours and conditions of work also differ from one job to the next. Some persons work for only part of each day or have long periods between work assignments, others work long hours. The members of an airline flight crew, for example, may have several days off in a row, while the farmer during the harvesting season may put in long hours from dawn to dusk. People may work in isolation or surrounded by other people. The writer at his desk is alone, the salesperson on the job has constant interchange with others. Yet all of these persons, Board Chairman, truck loader, airline flight crew, farmer, writer, salesperson, are workers engaged in some occupation.

Most adults in the United States depend on the income from work for their subsistence. Retirement, then, with the giving up of work, affects the income of the worker. It also usually affects his opportunities for social involvement, and brings about a change in his scheduling of activities, and often in his style of life (Shanas, 1972). One who has been engaged in a job with other persons, the salesperson for example, may find himself alone. Someone whose time has been organized around a "nine to five" work schedule finds himself with empty time. And, most persons must accustom themselves to living on a reduced income.

In this chapter we compare the work and retirement experiences of

men in 1962 and 1975, and of retired men and retired women in 1975. In 1962, the proportion of older women who were retired was small and their numbers in the sample did not permit analysis. In 1975, however, the proportion of older women who were retired workers was substantial and their characteristics will be given here. Three major topics are discussed in the chapter: the labor force participation rates for age cohorts among both men and women; the characteristics of retired persons and the attitudes of persons in retirement; and finally, the special characteristics of those still at work.

Participation in the Labor Force

Most persons are expected to retire from work when they reach the age of 65. At 65 full benefits are payable under the United States Social Security system and most private pension plans and insurance annuities are so written that they are coordinated with Social Security. Many persons do not retire from work at age 65, however. Some leave work at earlier ages, other contine to work until their seventies and eighties.

In this research, all persons who worked during the week before their interviews, irrespective of the numbers of hours they were employed, and all persons who said they were seeking work were considered to be in the labor force. The labor force, then, includes part-time workers, persons who describe themselves as temporarily unemployed, and seasonal workers who may have been job seekers at the time that they were interviewed.

Since the beginning of the twentieth century, the proportion of men over 65 in the labor force has declined steadily, interrupted only

by an upsurge in the employment of these men during the Second World War. There are several major reasons for the decline in labor force participation by older men. First, there was a change in the sort of work available to such men. The number of jobs available in agriculture dropped sharply. The self-employed farmer who could keep working no matter how old he was literally vanished. In industry, fewer jobs were available for persons with limited education or without special training. Then, too, jobs once available to men became jobs for women. General office work, for example, became a woman's job almost exclusively. The same thing happened in many other kinds of employment. New industries, such as electronics, hired women for their assembly lines. Second, the availability of government retirement benefits, and of private pension schemes legitimized retirement both for workers and industry. Persons who wished to stop work could do so knowing that they would receive some sort of income, industry for its part could turn over its work force by requiring workers to retire at a certain age.

The survey sample, in both 1962 and 1975, adequately represents the older population by age groups. It is therefore possible to make a detailed analysis of age cohorts within the labor force and in retirement. Since the experience of age cohorts differs, this type of analysis will be made here. Table 9-1A shows these findings.

By 1975, only 23 per cent of all men aged 65 and over were in the labor force. About nine per cent of all women were still in the labor

TABLE 9-1A: Age Distribution, Persons Aged 65 and Over within the Total Population and within the Sample, by Sex (Percentage Distribution)

Age GGroup	Men		Women		All	
	Total Population	Sample Distribution	Total Population	Sample Distribution	Total Population	Sample Distribution
1962						
65-66	38[a]	16	---[d]	---[d]	---[d]	---[d]
67-69		21	---	---	---	---
70-74	29	32	---	---	---	---
75-79	33	17	---	---	---	---
80+		14	---	---	---	---
TOTAL	100	100	---	---	---	---
N =[c]		(1081)[c]	---	---	---	---
1975						
65-66	16[b]	18	14[b]	15	15[b]	16
67-69	21	20	19	21	20	21
70-74	28	29	27	27	27	28
75-79	18	18	20	18	19	18
80+	17	15	20	19	19	18
TOTAL	100	100	100	100	100	100
N =[c]	(8,415,708)	(2315)[c]	(11,649,794)	(3441)[c]	(20,065,502)	(5756)[c]

[a]As of April, 1960. United States Bureau of the Census, Statistical Abstract of the United States, Washington, D.C.: U. S. Government Printing Office, 1962.

[b]As of April, 1970. United States Bureau of the Census, Census of the Population: 1970, Volume 1, Characteristics of the Population, Part 1, United States Summary - Section 1, Table 50, p. 265, Washington, D.C.: U. S. Government Printing Office, 1973.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[d]Data not reported in 1962.

force. Women not in the labor force were divided almost equally between retired workers and housewives. The latter were women who either had never been employed or who had not worked since they were 50 years of age as can be seen in Table 9-2A.

Many retired men and women had given up work after a period of intermittant employment or no employment at all. Fourteen per cent of all retired men and 17 per cent of all retired women said that in the last year before their retirement they worked only part of the year. About five per cent of all retired men and four per cent of all retired women said that their work had been intermittant. About ten per cent of all retired men and 15 per cent of all retired women said they had been "part-time" or "occasional" workers the year before they retired. Some among these must certainly have dropped out of the labor force because they had given up hope of finding work. Harold Sheppard has pointed out that workers in their 60's are a disproportionate number of those exhausting unemployment benefits (1976). Although 23 per cent of all men over 65 were still in the labor force, only 17 per cent compared to 27 per cent in 1962 had actually been at work the week before they were interviewed. The remainder were not at work for various reasons: illness, strikes, layoffs and unemployment. Table 9-3A shows distribution of persons aged 65 and over by work status.

TABLE 9-2A: Employment Status, Persons Aged 65 and Over, by Sex: 1975 (Percentage Distribution)

Employment Status	Men		Women		All	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
In labor force	528	23	306	9	833	14
Retired	1787	77	1565	46	3352	58
Housewife	---[a]	---	1570	46	1570	27
TOTAL		100		100		100
N (weighted) =	(2315)	(2315)	(3441)	(3441)	(5756)	(5756)

[a]Data not applicable.

[b]The percentages of eligible respondents who answered these questions are 100 for both 1962 and 1975. In subsequent tables, where 98% or more of the eligible respondents have answered the questions, detailed information on non-response will not be given in footnoes.

TABLE 9-3A: Distribution of Persons Aged 65 and Over by Work Status (Percentages)

Work Status	Men		Women		All	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
1962						
At work last week	290	27	---[b]	---[b]	---[b]	---[b]
Temporarily absent	42	4	---	---	---	---
Unemployed	12	1	---	---	---	---
TOTAL in labor force	344	32	---	---	---	---
N =[a]	(1081)	(1081)	---	---	---	---
1975						
At work last week	404	17	257	8	661	12
Temporarily absent	103	4	45	1	148	3
Unemployed	21	1	3	*	24	*
TOTAL in labor force	528	23	305	9	833	14
N =[a]	(2315)	(2315)	(3441)	(3441)	(5756)	(5756)

*Less than 1% after rounding.

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Data not reported in 1962.

Those who remain at work past the usual retirement age often have made some change in their occupation in order to keep working. Sometimes, they have taken lesser skilled jobs; at other times, they have taken part-time or less demanding jobs. When asked whether the work they did now was the kind of work they usually did only half of those over 65 still at work in 1975 said "yes."

Analysis of the labor force participation of persons over 65 are often confounded because those over 65 are members of two generations, the "young-old," and the "old-old." These age differences are especially noticeable in the age distribution of those over 65 who are working and those who are retired. Men and women who are still employed after the age of 65 are likely to be the "young-old." Those who are retired are more likely to be the "old-old." Among those still working, half are under 70 years of age; among the retired, however, only about one-third are under 70 as can be seen in Table 9-4A.

Participation in the labor force changes from one age group to another. These age group changes were more apparent in 1962 than in 1975. In 1962 as many as one-half of all men aged 65 to 66 were still in the labor force with only a slow decline in participation rates until the ages 75 to 79. What is especially striking in these comparisons is the relatively low proportion of men aged 65 to 66, 31 per cent, who were still working in 1975. In comparison with 1962, early retirement, that is retirement from work before reaching the age of 65, had become

TABLE 9-4A: Age Distribution, Persons Aged 65 and Over in the Labor Force and in Retirement, by Sex (Percentage Distribution)

Age Group	1962						1975					
	Men		Women		All		Men		Women[a]		All[a]	
	In Labor Force	Retired	In Labor Force	Retired	In Labor Force	Retired	In Labor Force	Retired	In Labor Force	Retired	In Labor Force	Retired
65-66	26	12	---[b]	---[b]	---[b]	---[b]	24	16	32	14	27	15
67-69	28	18	---	---	---	---	26	19	19	23	23	21
70-74	30	33	---	---	---	---	33	28	30	29	32	28
75+	16	37	---	---	---	---	17	37	19	34	18	36
TOTAL	100	100	---	---	---	---	100	100	100	100	100	100
N =[c]	(344)	(737)	---	---	---	---	(528)	(1787)	(306)	(1565)	(834)	(3352)

[a]Excludes housewives who have never worked.

[b]Data not reported in 1962.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is unweighted.

an accepted pattern among American workers and continuing to work past 65 was becoming increasingly unusual. Table 9-5A highlights this data.

Whether a man was married or unmarried was related to his work status in 1962 but not in 1975. In 1962, married men were more likely than unmarried men to remain in the labor force after the age of 65. By 1975 this difference in labor force participation rates by marital status no longer existed. The push toward retirement which had accelerated in the period between the two surveys was apparently affecting all men regardless of their marital status.

The participation of women in the labor force in 1975 was affected by their marital status, however. Unmarried women compared to married women were far more likely to continue at work after age 65, particularly in the age group 65 to 66. In successive age groups, beginning with that 67 to 69, twice as high a proportion of unmarried women as of married women continued to work. Unmarried women as a group have the lowest incomes among the elderly. Apparently, those of them who can supplement their incomes through work continue to do so as can be seen in Table 9-6A.

Length of Time in Retirement:
Long-Term and Short-Term Retirees

The retired differ from one another by age, work skills and employment

TABLE 9-5A: Percentage of Persons Aged 65 and Over in the Labor Force by Age Group and Sex

Per Cent in Labor Force	1962						1975					
	65-66	67-69	70-74	75-79	80+	Per Cent of Total in Labor Force	65-66	67-69	70-74	75-79	80+	Per Cent of Total in Labor Force
Men												
Per Cent	51	42	29	19	15	32	31	28	26	13	11	23
N =[a]	(176)	(230)	(347)	(182)	(146)	(1081)	(416)	(474)	(673)	(410)	(341)	(2315)
Women												
Per Cent	---[b]	---	---	---	---	---	19	8	10	7	2	9
N =[a]	---	---	---	---	---	---	(525)	(710)	(937)	(604)	(665)	(3441)
All												
Per Cent	---[b]	---	---	---	---	---	24	16	17	9	6	14
N =[a]	---	---	---	---	---	---	(941)	(1183)	(1610)	(1014)	(1007)	(5756)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b]Data not reported in 1962.

TABLE 9-6A: Percentage of Persons Aged 65 and Over in the Labor Force by Sex, Marital Status, and Age

Sex and Marital Status	1962					1975				
	65-66	67-69	70-74	75+	Per Cent of Total in Labor Force	65-66	67-69	70-74	75+	Per Cent of Total in Labor Force
Men										
Married	51	43	30	22	35	31	28	26	12	23
N =[a]					(825)	(334)	(383)	(517)	(520)	(1755)
Unmarried[b]	[48][c]	[37]	28	9	23	28	30	26	14	22
N =[a]					(256)	(82)	(91)	(156)	(231)	(560)
Women										
Married	---[d]	---	---	---	---	14	5	6	2	7
N =[a]	---	---	---	---	---	(278)	(351)	(347)	(276)	(1251)
Unmarried[b]	---[d]	---	---	---	---	24	11	12	5	10
N =[a]	---	---	---	---	---	(247)	(359)	(591)	(993)	(2190)
All										
Married	---[d]	---	---	---	---	24	17	18	8	16
N =[a]	---	---	---	---	---	(612)	(734)	(864)	(796)	(3006)
Unmarried[b]	---[d]	---	---	---	---	25	15	15	7	13
N =[a]	---	---	---	---	---	(329)	(450)	(747)	(1224)	(2750)

[a] The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[b] The unmarried category includes persons who have never married, are widowed, or are separated or divorced.

[c] Percentages in brackets were computed on bases less than 50.

[d] Data not reported in 1962.

history. They also differ each from the other by the length of time they have spent in retirement. Some are short-term retirees, retired less than three years. Others are long-term retirees who have been retired from three years to a score of years or more. In 1962, about one of every three of retired men had been retired less than three years. Two of every three had been retired longer than that and about one in ten more than 14 years. By 1975, only about one in five retired men and,among women, only about one in eight had been retired less than three years. Four of every five men, and seven of every eight women, had been retired longer than that as can be seen in Table 9-7A.

The changes between 1962 and 1975 in the length of time that retired men have spent in retirement is the result of two factors: increase in length of life and an earlier age at retirement. Of these, the emergence of an earlier age at retirement, some time before the age of 65, is the most important. Both long and short-term male retirees reported earlier retirement ages in 1975 than in 1962. The average age at retirement was 64.4 for long-term male retirees in 1975 compared to 66.6 in 1962, and for short-term retirees, 67.9 in 1975 compared to 69.1 in 1962. Retired women in 1975 were even more likely than men to report they had retired before the age of 65. The average age at retirement of women retired more than three years was 62.4, of women retired less than three years, 66.8 as Table 9-8A indicates.

Contrary to popular belief, most older Americans now retired did

TABLE 9-7A: Years in Retirement, Persons Aged 65 and Over, by Sex (Percentage Distribution)

Length of Retirement	1962			1975		
	Men	Women	All	Men	Women[a]	All[a]
Less than 3 years	32	---[b]	---[b]	21	13	17
From 3 to 8 years	40	---	---	42	40	41
From 9 to 13 years	18	---	---	19	20	20
From 14 to 18 years	6	---	---	12	14	13
More than 18 years	4	---	---	6	13	9
TOTAL	100	---	---	100	100	100
Average number of years in retirement	6.8	---	---	7.7	9.6	8.6
N =[c]	(731)	---	---	(1766)	(1546)	(3312)

[a]Excludes housewoves who have never worked.

[b]Data not reported in 1962.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 9-8A: Age at Retirement, Persons Aged 65 and Over, by Sex and Length of Retirement (Percentage Distribution)

Age at Retirement	Men			Women[a]			All[a]		
	Long-Term Retirees	Short-Term Retirees	All Retirees	Long-Term Retirees	Short-Term Retirees	All Retirees	Long-Term Retirees	Short-Term Retirees	All Retirees
1962									
60 years and under	12	0	8	---[b]	---[b]	---[b]	---[b]	---[b]	---[b]
61-64 years	21	12	18	---	---	---	---	---	---
65 years	21	25	22	---	---	---	---	---	---
66-69 years	24	27	25	---	---	---	---	---	---
70 years and over	22	35	26	---	---	---	---	---	---
TOTAL	100	100	100	---	---	---	---	---	---
Average age at retirement	66.6	69.1	67.4	---	---	---	---	---	---
N =[c]	(499)	(232)	(731)	---	---	---	---	---	---
1975									
60 years and under	16	d	11	31	d	25	23	d	18
61-64 years	27	17	24	31	24	30	29	20	26
65 years	29	34	30	19	34	22	24	34	26
66-69 years	18	20	18	11	22	13	14	21	16
70 years and over	11	29	16	8	20	10	10	26	13
TOTAL	100	100	100	100	100	100	100	100	100
Average age at retirement	64.4	67.9	65.3	62.4	66.8	63.3	63.4	67.5	64.4
N =[c]	(1285)	(482)	(1766)	(1238)	(308)	(1546)	(2522)	(790)	(3312)

[a]Excludes housewives who have never worked.

[b]Data not reported in 1962.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[d]Not applicable to short-term retirees.

so voluntarily, not because they had reached a compulsory retirement age. Those aged 65 and over who participate in a survey are a population of survivors. Many of their contemporaries have died. These deaths may include an excess number of persons who were forced to retire, but there is no way to determine this. On the other hand, in the United States in recent years there has been a definite trend toward retirement at earlier ages. This has affected the proportions of retired persons who say they retired because they reached a compulsory retirement age. In 1975 compared with 1962 a lesser proportion of both long-term and short-term retirees said they had retired because they had reached retirement age or because their jobs had ended. While about 35 per cent of all retired men and 28 per cent of all retired women in 1975 said there was a compulsory retirement age at their last job, about four of every ten of these men and women said that they had retired before that age. The major reason why men retired, in both 1962 and 1975, was poor health. Women were far more likely than men to say that they retired because they were needed at home or because they did not want to work anymore. There was a marked rise between surveys in the proportion of men, also, who said they retired because they did not want to work any longer. Harold Sheppard points out that while there seems to be a trend toward voluntary retirement, variation in willingness to retire is related not only to expected income but to the nature of the work itself (1976). The data suggest that workers, for whatever reason, increasingly choose retirement in preference to the demands of work as can be seen in Table 9-9A.

TABLE 9-9A: Reasons for Retirement, Persons Aged 65 and Over, by Length of Retirement and Sex (percentage Distribution)

Reasons for Retirement[a]	Long-Term Retirees			Short-Term Retirees			All Retirees		
	Men	Women[a]	All[a]	Men	Women[a]	All[a]	Men	Women[a]	All[a]
1962									
Compulsory	33	---[a]	---[a]	31	---[a]	---[a]	33	---[a]	---[a]
Reached retirement age	28	---	---	27	---	---	28	---	---
Firm closed/job ended	5	---	---	4	---	---	5	---	---
Voluntary	66	---	---	69	---	---	67	---	---
Poor health	45	---	---	38	---	---	43	---	---
Too tiring	3	---	---	3	---	---	3	---	---
Did not want to work, Wanted to retire	16	---	---	25	---	---	19	---	---
Needed at home	2	---	---	3	---	---	2	---	---
Other	*	---	---	*	---	---	*	---	---
TOTAL	100	---	---	100	---	---	100	---	---
N = [b]	(497)	---	---	(231)	---	---	(728)	---	---
1975									
Compulsory	26	18	22	28	20	25	26	19	23
Reached retirement age	19	11	15	22	15	19	20	12	16
Firm closed/job ended	7	7	7	6	6	6	6	7	7
Voluntary	74	82	78	72	80	75	74	81	77
Health	43	35	39	29	28	29	39	34	36
Too tiring	---[c]	---	---	---	---	---	---	---	---
Did not want to work, Wanted to retire	30	34	32	41	41	41	33	35	34
Needed at home	1	13	7	2	11	5	1	12	7
Other	*	*	*	0	0	0	*	*	*
TOTAL	100	100	100	100	100	100	100	100	100
N = [b]	(1274)	(1232)	(2506)	(477)	(307)	(784)	(1752)	(1540)	(3292)

*Less than 1% after rounding.

[a]Data not reported in 1962; for 1975, excludes housewives who have never worked

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[c]Data not reported in 1975.

Since people so often cite poor health as a reason for their retirement, the level of incapacity of those now retired is of special interest. Are most of the retired functioning well or are they functioning poorly as measured by the incapacity scale used in these surveys? The findings indicate that both in 1962 and in 1975 about two-thirds of all retired men had incapacity scores of zero indicating that there were no limitations on their ability to go outdoors, or even in walking stairs. About three-fourths of all retired women also had incapacity scores of zero. Persons with high incapacity scores, three or more, were about one of every ten among men retired more than three years in 1975, and about one of every 20 among men retired less than that. About one of every seven women retired more than three years, and one in every 20 retired less than three years, had high incapacity scores as can be seen in Table 9-10A.

The majority of the retired then, whether men or women, are not seriously limited in their functional capacity. How can this be reconcilled with the fact that poor health is the major reason given for retirement? Table 9-11A gives the proportion of retired persons by degree of incapacity who said they retired because of pooor health. With each rise in incapacity scores, the proportion who say they retired for health reasons also rises, so that as many as three-fourths of the retired with incapacity scores of three or more, report health-related retirement. The data are similar for men in both 1962 and 1975, and the the 1975 findings for women follow the same pattern. The higher the

TABLE 9-10A: Level of Incapacity, Retired Persons Aged 65 and Over, by Length of Retirement and Sex[a] (Percentage Distribution)

Incapacity Score	Long-Term Retirees			Short-Term Retirees			All Retirees		
	Men	Women[b]	All[b]	Men	Women[b]	All[b]	Men	Women[b]	All[b]
1962									
0	60	---[b]	---[b]	68	---[b]	---[b]	63	---[b]	---[b]
1-2	25	---	---	22	---	---	24	---	---
3-4	9	---	---	6	---	---	8	---	---
5+	6	---	---	5	---	---	6	---	---
TOTAL	100	---	---	100	---	---	100	---	---
N =[c]	(498)	---	---	(232)	---	---	(730)	---	---
1975									
0	65	60	63	82	73	78	69	63	66
1-2	24	25	24	13	22	16	21	24	22
3-4	7	8	8	4	1	3	6	7	7
5+	4	7	5	1	4	2	3	6	5
TOTAL	100	100	100	100	100	100	100	100	100
N =[c]	(1255)	(1216)	(2471)	(471)	(308)	(780)	(1726)	(1525)	(3251)

[a]Excludes bedfast persons.

[b]Data not reported in 1962; for 1975, excludes housewives who have never worked.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

incapacity score the greater the proportion of persons with that score who retired because of poor health. Those who are now functioning poorly are more likely than those who function well to say that their retirement was caused by poor health as can be seen in Table 9-11A.

An explanation is available for those persons with scores of zero, or no incapacity, who say they retired because of poor health. First, it should be recalled that the Index of Incapacity measures degree of function rather than degree of pathology. Second, it should be pointed out that both the subjective evaluation of health status as measured by the Index of Incapacity as well as health itself may improve in retirement.

Thompson and Streib (1958) in a pioneering study of retirement interviewed subjects both before and subsequent to their retirement. These subjects also had physical examinations at both times. The health of the subjects, as determined by physical examination, was actually better after retirement. Thompson and Streib make the point that a state of health which may be incapacitating for a worker may not affect his life as a retiree. The person who is doing heavy physical labor and has to retire because he cannot cope with the stresses of his work, for example, may function perfectly well in retirement where the physical demands upon him are lessened. Thus, while poor health is reported as a major reason for retirement and those who retired because of poor health are likely to have high incapacity scores, there are still a

TABLE 9-11A: Proportion of Retired Persons Aged 65 and Over, by Degree of Incapacity Who Retired Because of Poor Health[a]

Incapacity Score	1962			1975		
	Men	Women	All	Men	Women[b]	All[b]
Score 0	31	---[d]	---[d]	28	22	25
N =[c]	(455)	---	---	(1209)	(961)	(2170)
Score 1-2	53	---	---	54	47	50
N =[c]	(173)	---	---	(351)	(372)	(723)
Score 3+	77	---	---	78	62	70
N =[c]	(99)	---	---	(165)	(202)	(367)

[a]Excludes bedfast persons.

[b]Excludes housewoves who have never worked.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

[d]Data not reported in 1962.

group of persons who apparently feel their physical condition is better in retirement than it was when they were at work.

Attitudes in Retirement

People differ in what they enjoy in their retirement and what they miss about their work. Some people say frankly that they enjoy nothing in their retirement. Others speak of the "rest" they find in retirement, or the "free time,"or of a specific activity such as "travel," or "fishing," which makes retirement pleasurable.

About three of every ten men in both 1962 and 1975 said they enjoyed nothing about their retirement. A somewhat lesser proportion of women also said that there was nothing enjoyable about their retirement. The majority of the retired, however, in both 1962 and 1975 said that they enjoyed their free time and the opportunities it gave them for leisure pursuits. These findings are highlighted in Table 9-12A.

Work is so important to some persons that, of those over 65 still in the labor force, about two-thirds say they will never retire. Yet, it cannot be assumed that those persons who say they enjoy nothing in their retirement are necessarily persons with an overall commitment to work. Negative feelings in retirement seem to be directly related to poor health. With each rise in incapacity scores, the proportion of persons who say they enjoy nothing in their retirement also rises, until among those with incapacity scores of three or more, as many as half say they enjoy nothing in retirement as the findings indicate in Table 9-13A.

TABLE 9-12A: Things Enjoyed in Retirement, Persons Aged 65 and Over by Sex (Percentage Distribution)

Things Enjoyed in Retirement	1962			1975		
	Men	Women[a]	All[a]	Men	Women[a]	All[a]
Nothing	35	---[a]	---[a]	30	24	27
Rest	17	---	---	18	14	16
Free time	16	---	---	26	32	29
Other	32	---	---	26	30	28
TOTAL	100	---	---	100	100	100
N =[b]	(719)			(1773)	(1541)	(3313)

[a]Data not reported in 1962; for 1975, excludes housewives who have never worked.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

TABLE 9-13A: Things Enjoyed in Retirement, Persons Aged 65 and Over, by Sex and Incapacity Score[a] (Percentage Distribution)

Things Enjoyed in Retirement	Incapacity Score								
	Score 0			Score 1-2			Score 3+		
	Men	Women[b]	All[b]	Men	Women[b]	All[b]	Men	Women[b]	All[b]
1962									
Nothing	28	---[b]	---[b]	41	---[b]	---[b]	55	---[b]	---[b]
Rest	17	---	---	17	---	---	18	---	---
Free Time	19	---	---	14	---	---	5	---	---
Other	36	---	---	28	---	---	22	---	---
TOTAL	100	---	---	100	---	---	100	---	---
N =[c]	(454)	---	---	(169)	---	---	(101)	---	---
1975									
Nothing	24	19	22	34	26	30	53	41	46
Rest	18	12	16	18	17	17	20	18	18
Free Time	30	42	35	24	19	22	4	13	9
Other	27	28	27	24	39	32	24	28	26
TOTAL	100	100	100	100	100	100	100	100	100
N =[c]	(1213)	(960)	(2173)	(356)	(370)	(726)	(162)	(197)	(359)

[a]Excludes bedfast persons.

[b]Data not reported in 1962; for 1975, excludes housewives who have never worked.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

In both 1962 and 1975 when retired people were asked what they missed most in their retirement, men and women both were most likely to say that they miss "money," the income that came to them from working. About one in 11 men in 1962 and one in eight in 1975 said they missed "nothing." For some retirees, the people at work, and for some, the work itself, were the things they missed most. Yet, for the retired as a whole neither of these were as important as money. Almost one and one-half times as many persons miss "money" as miss their workmates, and about three times as many persons miss "money" as miss the work itself. For many persons, the satisfactions of retirement are such that it is only the financial rewards of work that they regret losing. Table 9-14A highlights the major item missed in retirement.

The incapacity level of the respondent affects what he misses about work once he is retired. "Money" still remains the major item people say they miss, irrespective of their incapacity score. However, in both 1962 and 1975, the higher the level of reported incapacity the fewer the proportion of respondents who miss "nothing" in their retirement. It is persons in poor health who are most likely to say that they miss their work, the job itself and the people around them. It is almost as though for the more incapacitated retired the time when they were employed is synonymous with the time when they were well. Table 9-15A shows these findings.

TABLE 9-14A: Major Item Missed in Retirement, Persons Aged 65 and Over, by Sex (Percentage Distribution)

Major Items Missed	1962			1975		
	Men	Women[a]	All[a]	Men	Women	All[a]
Nothing	9	---[a]	---[a]	12	13	12
People at work	16	---	---	24	28	26
Feeling useful	8	---	---	9	8	9
Respect	---	---	---	1	1	1
Things happening around one	3	---	---	3	4	3
Work itself	18	---	---	13	9	11
Money	45	---	---	37	37	37
Other	1	---	---	*	*	*
TOTAL	100	---	---	100	100	100
N =[b]	(690)	---	---	(1752)	(1558)	(3310)

*Less than 1% after rounding.

[a]Data not reported in 1962; for 1975, excludes housewives who have never worked.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. The percentage of eligible respondents who answered these questions in 1962 is 94.

TABLE 9-15A: Major Item Missed in Retirement, Persons Aged 65 and Over, by Incapacity Score and Sex[a] (Percentage Distribution)

Major Item Missed	Incapacity Score								
	Score 0			Score 1-2			Score 3+		
	Men	Women[b]	All[b]	Men	Women[b]	All[b]	Men	Women[b]	All[b]
1962									
Nothing	11	---[b]	---[b]	6	---[b]	---[b]	2	---[b]	---[b]
People at work	17	---	---	16	---	---	16	---	---
Respect	---[b]	---	---	---	---	---	---	---	---
Feeling of being useful	7	---	---	7	---	---	12	---	---
Things happening around one	3	---	---	2	---	---	6	---	---
Work itself	17	---	---	19	---	---	19	---	---
Money	44	---	---	50	---	---	45	---	---
Other	1	---	---	1	---	---	0	---	---
TOTAL	100	---	---	100	---	---	100	---	---
N =[c]	(436)	---	---	(163)	---	---	(96)	---	---
1975									
Nothing	14	14	14	11	13	12	4	11	8
People at work	24	29	27	20	24	22	27	29	28
Respect	2	1	2	0	0	0	0	0	0
Feeling of being useful	9	10	9	13	5	9	4	5	5
Things happening around one	3	4	3	2	4	3	8	7	8
Work itself	11	6	9	16	11	14	18	14	16
Money	36	36	36	39	44	41	39	33	36
Other	1	*	*	0	0	0	0	*	*
TOTAL	100	100	100	100	100	100	100	100	100
N =[c]	(1192)	(968)	(2160)	(357)	(367)	(724)	(165)	(202)	(367)

*Less than 1% after rounding.

TABLE 9-15A: Major Item Missed in Retirement, Persons Aged 65 and Over, by Incapacity Score and Sex[a] (Percentage Distribution (Continued)

[a]Excludes bedfast persons.

[b]Data not reported in 1962; for 1975, excludes housewives who have never worked.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. The percentage of eligible respondents who answered these questions in 1962 is 94.4.

Earlier we have seen that the higher the incapacity score of the respondent the more likely he is to say he is lonely. We may expect that the loneliest persons among the retired would include a high proportion of sick persons, and therefore this group of lonely persons would be more likely than other retirees to say that what they miss in retirement are the people at work, the work itself or the feeling of being useful. This hypothesis is supported by the data. In both 1962 and 1975, men who said they were often lonely were more likely than other men to say that they missed these aspects of their work. People who say they are never lonely are twice as likely as the lonely to say they miss nothing about their work. Work, then, is primarily missed by retirees who are incapacitated and often lonely as can be seen in Table 9-16A.

Who, then, among the retired wants to return to work? In 1975, only seven per cent of all retired men, compared to 24 per cent, in 1962, said that they would like a job. The proportion of retired women in 1975 who wanted to return to work was even less, only three per cent. Sixty-three per cent of all retired men, as can be seen in Table 9-17A,

TABLE 9-16A: Major Item Missed in Retirement, Persons Aged 65 and Over, by Sex and Self-Evaluation of Loneliness (Percentage Distribution)

Major Item Missed in Retirement	Self-Evaluation of Loneliness					
	Men		Women[a]		All[a]	
	Often and Sometimes lonely	Never Lonely	Often and Sometimes lonely	Never Lonely	Often and Sometimes lonely	Never Lonely
1962						
Nothing	5	11	---[b]	---[b]	---[b]	---[b]
People at work	16	18	---	---	---	---
Feeling useful	10	6	---	---	---	---
Respect	---[b]	---	---	---	---	---
Things happening around one	3	3	---	---	---	---
Work itself	22	14	---	---	---	---
Money	43	47	---	---	---	---
Other	1	2	---	---	---	---
TOTAL	100	100	---	---	---	---
N =[c]	(301)	(385)	---	---	---	---
1975						
Nothing	8	16	10	18	9	17
People at work	27	21	27	28	27	24
Feeling useful	11	7	10	7	10	7
Respect	2	1	0	2	1	1
Things happening around one	2	4	4	4	3	4
Work itself	13	14	10	7	11	11
Money	37	36	39	35	38	36
Other	*	1	*	*	*	*
TOTAL	100	100	100	100	100	100
N =[c]	(869)	(873)	(886)	(672)	(1754)	(1545)

*Less than 1% after rounding.

[a]Excludes housewives who have never worked.

[b]Data not reported in 1962.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. The percentage of eligible respondents who answered these questions in 1962 is 93.1.

TABLE 9-17A: Desire for Work, Retired Persons Aged 65 and Over, by Sex[a] (Percentage) Distribution)

Desire for Work	Retired Persons		
	Men	Women	All
1962			
Want work	24	---[c]	---[c]
Do not want work	34	---	---
Depends	---[c]	---	---
Health too poor	42	---	---
Health as only reason given	---	---	---
Health plus other reasons	---	---	---
TOTAL	100	---	---
N =[b]	(735)	---	---
1975			
Want work	7	3	5
Do not want work	63	74	68
Depends	30	22	26
Depends on health	20	14	17
Health as only reason given	16	11	14
Health plus other reasons	4	2	3
TOTAL	100	100	100
N =[b]	(1739)	(1543)	(3282)

[a]Excludes bedfast persons and housewives who have never worked.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

and 74 per cent of all retired women stated unequivocally that they did not want work. Thirty per cent of retired men and 20 per cent of retired women said they would consider work under special circumstances, i.e., convenient hours, location, et cetera, but two of every three of these persons said that while they would like to consider a job their health was too poor for them to work. Indeed, when the incapacity score of the respondent is related to his stated desire for work, those with the highest incapacity scores are the most likely to justify their not working by saying that their health is too poor for them to seek work. Those retired men and women who actually say they want work are among the least incapacitated elderly. It is persons in poor health who both miss their work the most, and who are most likely to say that they would like a job, subject of course to the provision that their health was better. For those persons with high incapacity scores, the time when they were workers is equated with the time when they were well, when they saw people, and when they were less lonely. Table 9-18A shows these findings.

The Satisfactions of Work

Only a small proportion of persons over the age of 65 remain in the labor force. Most of these persons state that they have no intention of retiring. About one in ten said he was looking forward to retiring but nine in ten said they did not like the idea. Persons who are still working compared to the retired not only have higher incomes, they are likely to be in better health. Those working are less likely than

TABLE 9-18A: Desire for Work, Retired Persons Aged 65 and Over, by Sex and Incapacity Score[a] (Percentage Distribution)

Desire for Work	Incapacity Score								
	Score 0			Score 1-2			Score 3+		
	Men	Women[b]	All[b]	Men	Women[b]	All[b]	Men	Women[b]	All[b]
1962									
Want work	27	---[c]	---[c]	22	---[c]	---[c]	11	---[c]	---[c]
Do not want work	44	---	---	25	---	---	8	---	---
Depends	---[c]	---	---	---	---	---	---	---	---
Health too poor	29	---	---	53	---	---	81	---	---
Health as only reason given	---[c]	---	---	---	---	---	---	---	---
Health plus other reasons	---[c]	---	---	---	---	---	---	---	---
TOTAL	100								
N =[d]	(460)	---	---	(173)	---	---	(102)	---	---
1975									
Want work	9	5	7	4	2	3	0	0	0
Do not want work	65	76	70	68	77	72	40	63	53
Depends	26	20	23	28	21	25	60	37	47
Health	13	8	11	24	17	21	58	32	43
Health as only reason	11	6	9	19	16	17	45	25	34
Health plus other reasons	2	2	2	5	1	3	13	7	10
TOTAL	100	100	100	100	100	100	100	100	100
N =[d]	(1214)	(968)	(2182)	(360)	(373)	(733)	(165)	(202)	(367)

[a]Excludes bedfast persons.

[b]For 1975, excludes housewives who have never worked.

[c]Data not reported in 1962.

[d]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

the retired to say that they are never lonely, and that time never passes slowly for them. Both the working and the retired, however, are equally likely to say that they are never alone. Being at work, then, is a way of filling time and perhaps a way to combat loneliness. Since the retired include a higher proportion of incapacitated persons than the working, the reports of loneliness of the retired may reflect their poor health rather than their work status. Table 9-19A shows the attitudes of persons aged 65 and over by employment status and sex.

Can volunteer work combat the loneliness of the retired and of those elderly housewives who report being lonely? About seven per cent of the elderly do volunteer work. Nineteen per cent of all male volunteers and seven per cent of all female volunteers are still working. About 80 per cent of men who do volunteer work are retired. Among women about 75 per cent are retired persons while about 18 per cent are housewives. Volunteer work apparently fills the time of both men and women. Time never goes slowly for the woman volunteer; for the man, the volunteer is less likely to report the slow passage of time. Volunteers are less likely than non-volunteers to say that they are never alone. For women, but not for men, volunteers are less likely to report that they are lonely. For that fraction of the elderly population engaged in volunteer work, such work apparently is therapeutic in preventing loneliness and boredom. It may be that those who do volunteer work are a self-selected group who would be neither lonely nor bored whether they were volunteers or not but this cannot be determined from the survey.

TABLE 9-19A: Attitudes of Persons Aged 65 and Over by Employment Status and Sex (Percentages)

Attitudes	Employment Status					
	Men		Women[a]		All[a]	
	In Labor Force	Retired	In Labor Force	Retired	In Labor Force	Retired
1962						
Per cent who say:						
"Never lonely"	70	56	---[b]	---[b]	---[b]	---[b]
"Never alone"	38	37	---	---	---	---
"Time never passes slowly"	78	55	---	---	---	---
N =[c]	(341)	(731)	---	---	---	---
1975						
Per cent who say:						
"Never lonely"	60	50	51	43	57	47
"Never alone"	52	51	29	33	44	43
"Time never passes slowly"	86	71	90	79	87	75
N =[c]	(528)	(1782)	(305)	(1565)	(833)	(3342)

[a] Excludes housewives who have never worked.

[b] Data not reported in 1962.

[c] The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

Table 9-20A highlights self-evaluation of loneliness of the elderly by whether they do volunteer work, and by sex.

Summary

The proportion of men aged 65 and over in the labor force, that is either at work or seeking work, has declined steadily since the turn of the century. About 23 per cent of all older men in 1975 were still working. Half of these men, however, were no longer engaged in what they considered their usual work. They had changed to less demanding work and/or to part-time work in order to continue their employment.

Retired persons aged 65 and over in 1975 were a heterogeneous group of individuals. While some had been retired for only a short time, something less than three years, four of every five retired men and seven of every eight retired women had been retired for a longer period. Contrary to popular belief, most retired persons said they retired voluntarily not because they had reached a compulsory retirement age. Poor health was the major reason men gave for their retirement. The more incapacitated men among the retired were the most likely of all retirees to say that they had retired for health reasons.

Most retired persons reported that they were enjoying their free time and the opportunities for leisure activities. What they missed about not working was primarily money, the income from work. Persons in poor health were the most likely retirees to report that they had negative feelings about retirement and to be nostalgic about their work.

Only a small minority of retired persons said they wanted work: seven per cent of retired men and three per cent of retired women.

TABLE 9-20A: Self-Evaluation of Loneliness, Being Alone, and Passage of Time, Persons Aged 65 and Over by Whether They Do Volunteer Work, and Sex: 1975 (Percentages)

Self-Evaluation	Men		Women		All	
	Does Volunteer Work	No Volunteer Work	Does Volunteer Work	No Volunteer Work	Does Volunteer Work	No Volunteer Work
Never Lonely	51	53	47	39	48	45
N (weighted) =	(135)	(2163)	(289)	(3145)	(424)	(5309)
Never Alone	45	52	25	35	32	42
N (weighted) =	(135)	(2155)	(283)	(3114)	(418)	(5269)
Time never passes Slowly	84	74	95	75	92	74
N (weighted) =	(135)	(2175)	(289)	(3141)	(424)	(5317)

Those persons who wanted work were younger than other retirees, and more recently retired.

CHAPTER IX

References

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CHAPTER X

THE FINANCIAL RESOURCES OF THE AGED: INCOME AND ASSETS

Information about the economic status of the aged is essential for any understanding of the living arrangements of the elderly, and for the provision and financing of health and social services to them. Where older people live and whether they live with or apart from their adult children, the major source of their personal care, often depends on the old person's economic status.

In this chapter we compare the financial resources of the elderly in 1962 and 1975. During these thirteen years, major changes occurred in the income support program for old people in the United States. These changes were designed to improve the economic status of the elderly. The introduction of Health Insurance for the aged, Medicare, and of federal support for the medically indigent, Medicaid, removed some of the burden of the costs of health care from old people. Supplementary security income, a federally administered program, replaced Old Age Assistance. Between 1960 and 1975 the Social Security benefit level rose from average payments of $74.04 to retired workers, and $38.72 to their wives and husbands, to $207.18 paid to workers and $105.19 to wives and husbands. The consumer price index rose from 88.7 to 162.8 in that same period. While Social Security benefits to retired persons almost tripled, consumer prices doubled (U. S. Social Security Administration, 1976).

Our analyses throughout this chapter are for income units: couples, unmarried men, and unmarried women, the unmarried being a categoric term

for the widowed, separated, divorced, and single. The differences in economic status among these three types of units, couples, unmarried men and unmarried women are considerable, couples tending to have higher incomes and greater assets. The chapter begins with a discussion of the sources of income of the elderly, then goes on to consider the distribution of income, the assets of the elderly, and finally the assessment which old people make of their economic status.

Sources of Income

The financial data that follow are based upon the information furnished by cooperating income units. Most persons over 65 are quite ready to furnish income information. Many of them are eager to explain how they manage their money now that they are no longer working, others to point out the difficulties of living on a fixed income. In 1962, nine of every ten couples, unmarried men, and unmarried women gave sufficient income information to be included in the analysis. In 1975, almost all couples, unmarried men, and unmarried women gave information on their sources of income, but only nine of every ten gave the dollar amounts of their income from each such source. These findings can be seen in Table 10-1A.

In 1975, compared with 1962, more older persons received income from government programs, from pensions, and from rent, interest, dividends or annuities. This rise in the proportion of income units with income from any of these sources was very marked. Almost all old persons reported the receipt of income from some government program.

TABLE 10-1A: Numbers and Percentages of Each of Three Types of Income Units Aged 65 and Over Providing Financial Information[a]

Income Unit	1962 Sources of Income		1975 Sources of Income		1975 Amount of Income	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Couples	825	43	1909	41	1805	42
Men	256	13	557	12	540	12
Women	851	44	2143	46	1973	46
TOTAL[b]	(1932)	100	(4610)	100	(4318)	100

[a]The financial tables that follow are based upon the information supplied by cooperating income units. In this chapter the convention adopted for dealing with cases where a particular piece of information is missing for any of the cooperating income units differs from the convention adopted in the rest of this report. Here the "no answer" cases are, wherever possible, shown in a separate category in the financial tables. This is because there is reason to believe that they are not in all respects like income units providing full income information. Where the "no answers" are excluded, the percentage of cooperating income units on which the table is based is shown in a footnote.

[b]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. The percentages of eligible income units who gave sufficient income information to be included in the analysis of income are: 1962, couples 88, men 89, and women 90; 1975, income units who gave known sources of income, couples 96, men 99, and women 98; income units who gave dollar amounts, couples 91, men 96, and women 90.

By 1975, nine of every ten income units, whether couples, unmarried men or unmarried women were receiving Social Security benefits. Public assistance was no longer reported as an income source by the elderly. Instead, five per cent of the couples, ten per cent of men and 14 per cent of women said that they were receiving supplementary security income. There was a marked increase between 1962 and 1975 in the proportion of the elderly who received income from rent, interest, dividends and annunities. About one-half of each type of income unit said they received such income. There was also a rise in the proportion of each income unit who reported pensions from their previous employment. The proportion of couples, unmarried men, and unmarried women with pensions doubled between 1962 and 1975, reaching 36 per cent for couples, 28 per cent for men and 18 per cent for women as Table 10-2A indicates.

The income of the elderly was made up from various sources. Here, too, there was a change between 1962 and 1975. Eighteen per cent of all couples had income from only one source in 1975, compared to 28 per cent in 1962. Among unmarried men and unmarried women, 32 per cent and 38 per cent had income from a single source in 1975. No reports are available for 1962 on the number of income sources of unmarried men, but 50 per cent of unmarried women in that survey had only one source of income.

In 1975 compared to 1962, government benefits were increasingly important in the support system of the elderly. The proportion of income units with their total money income from government benefits remained

TABLE 10-2A: Percentage of couples, men and women with various resources of income.

Sources of Income	1962			1975		
	Couples	Men	Women	Couples	Men	Women
Government Benefits Combined	78	86	75	95	95	96
Social Security	68	70	54	92	88	89
Supplementary Security	---[a]	---	---	5	10	14
Public Assistance	9	16	23	1	0	1
Other Government Benefits	18	19	8	16	17	14
Wages and Salaries	37	18	15	33	21	10
Business, Farm, Professional	23	16	10	11	5	4
Pensions	19	14	7	36	28	18
Rent, Interest, Dividends, Annuities	42	27	35	56	44	50
Other Income[b]	6	5	9	5	7	5
No Income	*	1	7	0	0	*
Source Unknown	0	0	1	0	0	0
N =[c]	(825)	(256)	(851)	(1909)	(557)	(2143)

*Less than 1% after rounding.

[a]Source not available in 1962.

[b]Windfall income excluded in 1962; windfall income included in 1975.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

stable between 1962 and 1975 except in the instance of unmarried men where there was a decline in those supported completely by such benefits. The proportion of persons who received one-half or more of their total money income from government benefits, however, rose substantially. In 1975, 60 per cent of couples, 67 per cent of men, and 73 per cent of women received more than half of their income from government benefits compared to 49 per cent of couples, 66 per cent of men and 53 per cent of women in 1962. In the period between the two surveys, the proportion of old people who had no government benefits declined. The proportion of couples with no benefits declined from 18 to five per cent, of unmarried men, from 12 to four per cent, and of unmarried women from 21 to three per cent as can be seen in Table 10-3A.

Distribution of Money Income

The level of money income reported by respondents is given in Table 10-4A. Half of all couples had less than $6,068 in income in 1975, half had more. The median income for unmarried men was $3,564, for unmarried women, $2,712. The median money income of couples doubled between 1962 and 1975, that of unmarried men rose two and one-half times and that of unmarried women almost tripled. While couple income just about kept up with the rise in the consumer price index, the situation of unmarried men and unmarried women improved vis-a-vis the index. This improvement in the income level of unmarried men and women is apparent when these income units are compared with couple units. In 1962, the median

TABLE 10-3A: Three Types of Income Units and Their Dependence on Government Benefits (Percentage Distribution)

Percentage of Total Money Income[a] Coming from Government Benefits	1962			1975		
	Couples	Men	Women	Couples	Men	Women
100%	19	43	39	22	34	40
75-99%	11	7	5	16	15	18
50-74%	19	16	9	22	18	15
25-49%	15	12	11	16	21	10
1-24%	9	5	5	11	4	5
No government benefits	18	12	21	5	4	3
Government benefits not known	2	2	2	3	*	2
Total income not known	6	3	8	5	3	8
TOTAL	100	100	100	100	100	100
N =[b]	(825)	(256)	(851)	(1909)	(557)	(2143)

*Less than 1% after rounding.

[a]Windfall income excluded in 1962; windfall income included in 1975.

[b]The N (number) of cases for 1962 is unweighted: the number of cases for 1975 is weighted.

income of unmarried men was half that of couples, and that of unmarried women about a third. By 1975, the median income of unmarried men was almost two-thirds that of couples, and that of unmarried women about a half according to the findings in Table 10-4A.

The older the respondent the lower the median income of his age group. In 1962, the income of couples at least one of whom was aged 75 and over was one-fifth that of couples in the immediate post-retirement years, 65 and 66. Among unmarried women, the median income of those aged 75 and over was something more than a half of the income of those aged 65 and 66. In 1975, the drop in median income with age was less great than in 1962. Median income for those aged 75 and over for couples, unmarried men, and unmarried women was about two-thirds that of those aged 65 and 66 as can be seen in Table 10-5A.

Asset Holdings

The major asset of the elderly is an owned home in which they live. Eighty-three per cent of couples, 52 per cent of unmarried men and 52 per cent of unmarried women live in homes which they themselves own. An additional four per cent of couples, 18 per cent of the unmarried men, and 14 per cent of the unmarried women live with family members who, in turn, owned their own homes. Elderly persons occupying rental units are

TABLE 10-4A: Median Total Money Income and Social Security Benefit Levels in 1962 and 1975, Compared for Three Types of Income Units

Benefit Level and Median Income	1962			1975		
	Couples	Men	Women	Couples	Men	Women
Social Security Benefit Level	$1,536	$876	$782	$3,200	$2,388	$2,094
Supplementary Security	---[a]	---	---	$1,117	$886	$1,104
Median Total Money Income[b]	$2,804	$1,406	$982	$6,068	$3,564	$2,712
Median Total Money Income as a percentage of couples	100	50	35	100	59	45

[a]Source not available in 1962.

[b]Windfall income excluded in 1962; windfall income included in 1975. Median total money income was computed for cooperating income units who provided full income information. The percentages of eligible respondents who answered these questions are: 1962, couples 95, men 97, and women 92; 1975, couples 95, men 97, and women 92.

TABLE 10-5A: Median Total Money Income for Income Units by Age Group[a]

Age Group	1962			1975		
	Couples	Men	Women	Couples	Men	Women
65-66	$4,908	b	$1,327	$8,299	$4,500	$3,652
67-69	$3,155	b	$1,327	$6,300	$3,919	$3,100
70-74	$2,804	$1,972	$982	$5,832	$3,805	$2,880
75+	$1,121	$584	$860	$5,244	$3,157	$2,440
N =[c]	(776)	(249)	(776)	(1805)	(540)	(1973)

[a]Windfall income excluded in 1962; windfall income included in 1975.

[b]Medians were not computed where the number of cases was less than 50.

[c]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted. Median total money income was computed for cooperating income units who provided full income information. The percentages of eligible respondents who answered these questions are 1962, couples 95, men 97, and women 92; in 1975, couples 95, men 97, and women 92.

most likely to be unmarried women and men, 31 and 24 per cent respectively. Table 10-6A shows these findings.

Between eight and nine of every ten elderly homeowners, exclusive of farm and ranch owners, owned their homes free and clear. Couples were slightly more likely than unmarried men and women to still have mortgages on their homes. Because elderly income units tend to own their homes free and clear they stay on in these homes even after changes in family composition, declines in income level, and rises in maintenance costs and taxes may make such housing a financial burden. Table 10-7A shows type of home ownership for the elderly by income unit.

In 1975, respondents were asked to estimate the dollar value of their homes as of the current market. Only 85 per cent of the couples and the unmarried men and only 78 per cent of the women would make such a valuation. Many persons said they did not know what their home was worth. Others gave the amount they had paid for their homes and still others gave the assessed valuation of their home, not its market value. The data in Table 10-8A then are limited in value. The reported values of homes tend to cluster between $10,000 and $25,000. However, 18 per cent of couples, 13 per cent of unmarried men and 14 per cent of unmarried women reported that their homes were worth $40,000 or more as can be seen in Table 10-8A.

TABLE 10-6A: Owners and Renters, Persons Aged 65 and Over, by Income Unit: 1975 (Percentage Distribution)

Owners and Renters	Couples	Men	Women
Self, self and spouse			
Own	83	52	52
Rent	13	24	31
Family member			
Own	4	18	14
Rent	0	0	2
Non-relative			
Own	*	6	1
Rent	0	1	0
TOTAL	100	100	100
N(weighted) =	(1966)	(560)	(2186)

*Less than 1% after rounding.

TABLE 10- 7A: Type of Home Ownership, Persons Aged 65 and Over, by Income Unit: 1975[a] (Percentage Distribution)

Home Ownership	Couples	Men	Women
Own free and clear	84	87	89
Mortgage	16	13	11
TOTAL	100	100	100
N(weighted) =[b]	(1529)	(275)	(1067)

[a]Excludes ranch and farm owners.

[b]The percentages of eligible respondents who answered these questions are: couples 99.3, men 99.3, and women 97.0.

TABLE 10-8A: Dollar Value of Home of Persons Aged 65 and Over by Income Unit: 1975[a] (Percentage Distribution)

Dollar Value	Income Unit		
	Couples	Men	Women
Less than $4,000	3	8	4
$4,000-6,999	1	2	4
$7,000-9,999	4	6	7
$10,000-14,999	14	20	16
$15,000-19,999	17	21	20
$20,000-24,999	15	14	12
$25,000-29,999	11	8	12
$30,000-34,999	10	6	7
$35,000-39,999	8	1	4
$40,000 or more	18	13	14
TOTAL	100	100	100
N (weighted) =[b]	(1319)	(237)	(857)

[a]Excludes ranch and farm owners.

[b]The percentages of eligible respondents who answered these questions are: couples 85.6, men 85.6, and women 77.8.

Most persons, both owners and renters, had lived in their present household for more than five years. The proportion of the elderly who had lived at their present location for less than five years was 17 per cent for couples, 33 per cent for unmarried men and 23 per cent for unmarried women. In contrast, 44 per cent of couples, 37 per cent of unmarried men and 40 per cent of unmarried women had lived in their present household 20 years or more. The fact that relatively few older persons have had recent experience in the housing market suggests that many of the home values reported are substantial undervaluations.

Eight of every ten couples and about six of every ten unmarried men and women in 1975 reported that they had cash savings. Among those who had savings, most reported savings of $1,000 or more. Similarly, three of every ten couples and about two of every ten unmarried men and women reported that they held stocks and bonds. Some persons reported government savings bonds in this category. In any case, again most of those who held stocks and bonds said that the value of these bonds was over $1,000. About two of every ten couples and one of every ten unmarried men and women said that they owned property other than their own home. These findings are shown in Table 10-9A.

While the elderly report having assets, they also report dissaving or the consumption of assets. Sixteen per cent of all couples, 16 per cent of unmarried men, and 20 per cent of all unmarried women said that they had drawn on their assets the previous year. Assets were used primarily for general living expenses, or medical and funeral expenses.

TABLE 10-9A: Proportion of Persons Aged 65 and Over, by Income Unit, with Selected Asset Holdings: 1975

Assets	Income Unit		
	Couples	Men	Women
Percentage of Units with:			
Bank or Cash Savings	79	66	72
$1,000 or more	66	55	55
Under $1,000	11	10	15
No Amount Given	3	1	2
N (weighted) =[a]	(1901)	(545)	(2141)
Stocks and Bonds	31	18	24
$1,000 or more	24	14	19
Under $1,000	6	4	4
No Amount Given	1	0	2
N (weighted) =[b]	(1891)	(551)	(2126)
Property Other than Own Home	19	7	12
$20,000 or more	7	2	3
Under $20,000	9	4	3
No Amount Given	3	2	5
N (weighted) =[c]	(1898)	(551)	(2126)

[a]The percentages of eligible respondents who answered this question are: couples 95.6, men 97.3, and women 97.8.

[b]The percentages of eligible respondents who answered this question are: couples 95.1, men 98.4, and women 97.1.

[c]The percentages of eligible respondents who answered this question are: couples 95.5, men 98.4, and women 97.1.

About eight of every ten couples and six of every ten unmarried men and women said that they had life insurance. Many persons viewed this insurance as their burial insurance. The face amounts of insurance held by the elderly were small. Unmarried men and unmarried women had smaller insurance policies than did couples, who saw themselves as having to provide for a spouse. Nevertheless, about four of every ten couples, six of every ten unmarried men, and nine of every ten unmarried women who had life insurance said that the value of their insurance was less than $2,500. Table 10-10A displays life insurance data for the elderly by income unit.

Self-evaluation of Financial Status

In both 1962 and 1975 respondents were asked how they were getting along financially compared with when they were 60. Such a question as Dorothy Wedderburn has pointed out can be little more than an indicator of how people feel (Shanas, et. al., 1968). For persons in their seventies and eighties, it is difficult to recall what the specifics of their economic situation were ten years ago or even longer. What is surprising is the stability of the respondents' replies in the two surveys. In 1975, 45 per cent of all income units, compared with 47 per cent in 1962 said their financial situation was about the same, and 32 per cent compared with 34 per cent in 1962 said their situation was worse. There was a slight increase in 1975 of those who said their situation was "better," 19 per cent compared to 14 per cent. In general, then, improvements in the financial situation of those now 65 which have

TABLE 10-10A: Persons Aged 65 and Over Who Have Life Insurance by Income Unit: 1975 (Percentage Distribution)

Have Life Insurance	Income Unit		
	Couples	Men	Women
Yes	77	59	56
No	23	41	44
TOTAL	100	100	100
N (weighted) =[a]	(1943)	(560)	(2168)

[a]The percentages of eligible respondents who answered these questions are: couples 97.7, men 100, and women 99.0.

occurred since 1962, have not changed the perception of the elderly of how well or how poorly they are managing financially. Table 10-11A highlights these findings.

Summary

The income situation of the elderly was better in 1975 than it had been in 1972. The median money income of couples doubled between 1962 and 1975, that of unmarried men rose two and one-half times, and that of unmarried women almost tripled. Improvements in income were general for all age groups, but the very old in 1975, as in 1962, had lower income than younger respondents.

In 1975, compared with 1962, more older people reported receiving income from government programs, from pensions, and from rent, interest, dividends or annuities. Government programs, in particular, had expanded so that they covered almost all income units, whether couples, unmarried men or unmarried women, and the proportion of such units receiving more than half their income from government programs had increased concurrently.

The major asset of the elderly in 1975 was an owned home in which the old person lived. Between eight and nine of every ten elderly homeowners owned their homes free and clear. Most older persons, both owners and renters, had lived in their present households for more than five years, and, in the case of owners, often had no idea of what might be the present market value of their homes.

While some among the elderly report having assets, savings, property,

TABLE 10-11A: Replies to "How Would You Say You are Getting Along Financially Now, Compared with When You were 60?" (Percentage Distribution)

Replies	Percentage of All Income Units Replying	
	1962	1975
Same	47	45
Better	14	19
Worse	34	32
Can't compare	3	3
No reply	1	1
TOTAL	100	100
N =[a]	(2166)	(4738)

[a]The N (number) of cases for 1962 is unweighted; the number of cases for 1975 is weighted.

stocks and bonds, some old people also reported dissaving or the consumption of assets. About one-fifth of all income units, couples, unmarried men and unmarried women, had drawn on their assets during the previous year, primarily for general living expenses or for medical and funeral expenses.

In general, the improvements in the financial situation of those aged 65 and over which appear in their reports of money income are not reflected in their attitudes. In 1975 as in 1962 about the same proportions of persons said their financial situation was the same, better, or worse than it had been when they were aged 60. About one-half of all old people when asked to compare their financial situation at the time of the interview with their situation of age 60 said their financial situation was about the same, a third said their situation was worse, and only about one-fifth said their situation was better.

CHAPTER X

References

U. S. Social Security Administration, 1976. Current operating statistics Social Security Bulletin, 39 (11) (November).

Shanas, E., Townsend, P., Wedderburn, D., Friis, H., Milhøj, P., and Stehouwer, J. 1968. Old People in Three Industrial Societies. New York: Atherton Press; London: Routledge and Kegan Paul.

APPENDIX A

Sample Design and Sampling Errors

APPENDIX A

SAMPLE DESIGN AND SAMPLING ERRORS

The 1975 Sample Design

The statement of sample design of the 1975 study is modified from a report furnished by Response Analysis Corporation. The 1975 data in this report are based on a national population survey consisting of 2,143 interviews. The sample was designed by the Response Analysis Corporation, Princeton, New Jersey and the interviewing was conducted by West Coast Community Surveys, Berkeley, California. The universe sampled was the total non-institutionalized population aged 65 and over. The sample was a multi-stage area probability sample to the household level. Data were collected in 400 interviewing locations throughout the United States during the Spring and Summer of 1975.

The Response Analysis Corporation national probability sample was utilized for this study. Sample locations, households, and specific individuals to be interviewed were specified by the sampling plan and by explicit instructions to the interviewers. None of the selection steps was left to the discretion of the interviewer. The steps carried out in the development of the sample included: (1) the selection of a national sample of 103 primary areas (counties or groups of counties) stratified by geographic region, community type, and other population characteristics; (2) within these primary areas, the selection of 400 interviewing locations (Census enumeration districts or block groups); (3) the assignment to interviewers of specific geographic segments for

prelisting of housing units[1]; and (4) the selection of specific addresses to be assigned for the survey; this selection included an oversampling of households believed to be occupied by Black residents. Probability sampling methods were employed at each state of selection.

Definition, Stratification, and Selection of Primary Sampling Units (PSU's)

The entire area of the coterminous United States was divided into approximately 1,140 primary sampling units. A primary sampling unit is a well-defined geographic area, usually a county or a group of counties, with a minimum population of 50,000 in 1970. Primary sampling units are of two types: (1) metropolitan areas or parts of metropolitan areas and (2) non-metropolitan areas.

In most cases, primary sampling units that are metropolitan areas are the same as Standard Metropolitan Statistical Areas (SMSA's) defined by the Bureau of the Census. In the Response Analysis Corporation sample, exceptions to the SMSA definitions were of three general types. First, in New England, SMSA's consist of towns and cities rather than counties. In the Response Analysis Corporation sample, the county was retained as the basic level for formation of primary sampling units. Thus, primary sampling units in this geographic division may include all or parts of two or more SMSA's. Second, Some SMSA's include counties in the Census geographic division (e.g., the Cincinnati SMSA consists of counties in Ohio and Indiana in the East North Central Division and in Kentucky in the East South Central Division). In order to maintain a strict stratification of primary sampling units on the basis of geographic

division, these SMSA's were divided into two parts corresponding to the geographic divisional classifications. Finally, seven very large metropolitan areas (New York Boston, Philadelphia, Chicago, Detroit, Los Angeles, and San Francisco) were subdivided into two or more primary sampling units. The objective of these subdivisions was to create smaller areas for more efficient field assignment units. Primary sampling units that are not metropolitan areas consist of a county or a group of contiguous counties, each of which include a minimum population of 50,000 in 1970. The minimum size condition was intended to create primary sampling units of sufficient population size to serve diverse survey needs such as the sampling of special populations, a requirement of this particular survey.

A number of criteria were used in combining counties to form primary sampling units to meet the minimum size requirement. Whenever possible, a city or large town was the central point for the primary sampling unit. Convenience of travel to different parts of the PSU from the central point and heterogeneity of population characteristics (e.g., whenever possible entirely rural counties were added to other counties that were partly urban) were also taken into consideration.

Thirty-eight large primary sampling units were included in the sample as self-representing primary areas. These areas ranged in population size from 1.1 million to 3.3 million persons in 1970, and they include the 25 largest SMSA's in the United States.

All other primary sampling units were grouped into 65 strata with

an average stratum population of approximately 2,000,000 persons in 1970. Within a stratum, primary sampling units are as much alike as possible in terms of geography, metropolitan or non-metropolitan areas, population density, and other characteristics. Actual criteria used in the stratification and the order of priority assigned to them were:

Geographic division - Within a stratum, all PSU's are in the same Census geographic division.

Metropolitan or non-metropolitan - With the exception of a few counties, strata consist entirely of SMSA's or entirely of other counties. The few exceptions occurred when an SMSA was partly in each of two geographic divisions, and one of the parts was not large enough to meet the size criteria for a primary sampling unit. Further stratification criteria for SMSA's included size, population density, per cent Black (in the South only), per cent employed in manufacturing, and population growth in the 1960-1970 decade; for other counties criteria included per cent Black (in the South only), population density, per cent in manufacturing, and per cent land in farms.

One primary sampling unit was selected with probability proportionate to size from each of the 65 strata that included two or more PSU's. The selected PUS's are primary areas in this national sample. Together with the 38 self-representing PSU's, the Response Analysis Corporation sample includes a total of 103 primary areas.

Definition and Selection of Secondary Sampling Units (SSU's)

Secondary sampling units in the Response Analysis Corporation sample are areas of approximately 2,500 population in 1970. An SSU may be as small geographically as a block or two in a densely populated portion of a city, or it may be an entire county or even larger in a sparcely populated rural area. Secondary sampling units usually consist of a number of administrative units in the Census--either enumeration districts or block groups. In this survey, 400 SSU's were selected with probability proportionate to population.

Census block statistics and field counts by interviewers were used to divide the SSU's into survey assignment units or segments of relatively small numbers of households. A segment can be a small land area with clear boundaries such as roads, streams, or other distinct landmarks, or it can be a part of a block with a specific address as a starting point and another specific address as a stopping point. Segments selected for this survey averaged approximately 100 housing units per interviewing location. Thus, approximately 40,000 housing units were listed in the 400 locations selected for this study.

Prelisting and Selection of Housing Units

Interviewers prelisted housing units in a preliminary phase of field work for this survey. One purpose of the prelistings was to provide close central office control over selection of the final sample of housing units; a second purpose was to provide a systematic procedure for interviewer observation of race of household residents prior to the actual field interviewing.

Housing units were selected from the prelisting for two phases of interviewing. The first field phase included a cross-section of all housing units plus an oversampling of "housing units believed to be occupied by Blacks." An additional sample of Black households only was selected for the second field phase. Unless otherwise noted, the phrase "Black households" refers to the interviewer judgment at the time of the prelisting (i.e., "housing units believed to be occupied by Blacks"). A small number of housing units were not classified by interviewers; for sampling purposes, these housing units were assumed to be Black if 30 per cent or more of the housing units in the location had been classified as Black by the interviewer.

For the first field phase, probability procedures were utilized to select two self-weighting national samples of housing units.[2] Each of these two samples included a total of approximately 10,200 housing units. One of the two samples was assigned to interviewers in its entirety as a basic cross-section of housing units. In the second sample, only the Black households were assigned to interviewers. The effect of these procedures was to assign an oversampling of Black households--specifically, housing units believed to be occupied by Blacks were sampled at twice the sampling rate used for non-Black households.

In order to provide an adequate number of interviews with Black respondents, an additional sample of Black households was selected when the first field phase was near completion. The sampling and

field interviewing was made more efficient for this phase by limiting the sample to locations which, in the 1970 Census, included ten per cent or more Black households. This group comprised 75 of the total group of 400 locations used for this study.

Estimates of Sampling Errors for the 1975 Sample

This statement of sampling errors was prepared by Ronald Czaja and Catherine E. Keeley of the Survey Research Laboratory of the University of Illinois at Chicago Circle. Sampling error estimates for this study were derived from a computer program developed by B. V. Shah of the Research Triangle Institute.[3] The program is designed specifically to handle data collected from multi-stage probability surveys and it provides sampling error estimates for the entire sample and subgroups. The statistical approach is a first order Taylor approximation of the deviations of estimates from their expected values.

Following the recommendations of the Bureau of the Census,[4] sampling errors were computed on a subset of the variables from the total data file. Forty-five variables were selected based on the following criteria: importance in the analysis, different variance estimates and varying sample sizes. Because of their substantive importance, sampling errors were computed for the white and black subgroups, in addition, to the total sample.

The estimates of sampling errors at the 95 per cent level of confidence are shown in Tables1-3. These results were arrived at in the following manner; first, sampling errors were calculated on the unweighted

data--the actual number of completed interviews. Second, the square root of the median design effect (the ratio of the cluster sample variance to that of a simple random sample of the same size) for the 45 variables was then multiplied by the simple random sampling errors for a dichotomous variable at the 95 per cent level of confidence. The $\sqrt{\text{median deff}}$ for each of the three groups was as follows: total sample = 1.33, white sample = 1.27, black sample = 1.30.

In addition, since the findings in this report are based upon weighted sample data, for ease of presentation and use the unweighted sampling errors were correspondingly adjusted. For each of the three groups the unweighted sample size was multiplied by the average weighted factor applied to each group. Thus, the sample sizes shown in the total, white, and black tables have been inflated by the factors 2.68, 3.06, and 1.12, respectively.

The 1962 Sample

A description of the 1962 sample design and response appears as Appendix A in E. Shanas, P. Townsend, D. Wedderburn, H. Friis, P. Milhøj, and J. Stehouwer, 1968. Old People in Three Industrial Societies. New York: Atherton Press; London: Routledge and Kegan Paul.

FOOTNOTES

[1]In addition to the housing unit address or description, interviewers noted whether they believed the listed housing unit to be occupied by white residents, black residents, or residents of other races.

[2]Self-weighting is used in this context to indicate that all housing units in the coterminous United States had an equal probability of selection at this point in the procedure.

[3]Shah, B. V. STDERR: Standard errors program for sample survey data. Research Triangle Park: Research Triangle Institute, October, 1974.

[4]Gonzalez, Maria E., et al., Standards for discussion and presentation of errors in survey and census data. Journal of the American Statistical Association, 70 (1975), Part II, 11.

TABLE 1

Expected Accuracy of Percent for the Total Sample (95% Level of Confidence)

Sample Size (Weighted)	MAGNITUDE OF OBSERVED PERCENT .05% .95%	.10% .90%	.20% .80%	"ACCURACY RANGE" ± PERCENT SHOWN .30% .70%	.40% .60%	.50% .50%
50	13.2	18.1	24.2	27.7	29.6	30.2
250	5.9	8.1	10.8	12.4	13.2	13.5
500	4.2	5.7	7.6	8.8	9.4	9.6
1000	2.9	4.1	5.4	6.2	6.6	6.8
1250	2.6	3.6	4.8	5.5	5.9	6.0
1500	2.4	3.3	4.4	5.1	5.4	5.5
2000	2.1	2.9	3.8	4.4	4.7	4.8
2250	2.0	2.7	3.6	4.1	4.4	4.5
2500	1.9	2.6	3.4	3.9	4.2	4.3
3000	1.7	2.3	3.1	3.6	3.8	3.9
3250	1.6	2.2	3.0	3.4	3.7	3.7
3500	1.6	2.2	2.9	3.3	3.5	3.6
4000	1.5	2.0	2.7	3.1	3.3	3.4
4250	1.4	2.0	2.6	3.0	3.2	3.3
4500	1.4	1.9	2.5	2.9	3.1	3.2
5000	1.3	1.8	2.4	2.8	3.0	3.0
5250	1.3	1.8	2.4	2.7	2.9	2.9
5500	1.3	1.7	2.3	2.6	2.8	2.9
5750	1.2	1.7	2.3	2.6	2.8	2.8

TABLE 2

Expected Accuracy of Percent for the White Sample (95% Level of Confidence)

Sample Size (Weighted)	MAGNITUDE OF OBSERVED PERCENT "ACCURACY RANGE" ± PERCENT SHOWN					
	.05% .95%	.10% .90%	.20% .80%	.30% .70%	.40% .60%	.50% .50%
50	13.4	18.5	24.6	28.2	30.2	30.8
250	6.0	8.3	11.0	12.6	13.5	13.8
500	4.2	5.8	7.8	8.9	9.5	9.7
750	3.5	4.8	6.4	7.3	7.8	7.9
1000	3.0	4.1	5.5	6.3	6.7	6.9
1250	2.7	3.7	4.9	5.6	6.0	6.2
1500	2.5	3.4	4.5	5.2	5.5	5.6
2000	2.1	2.9	3.9	4.5	4.8	4.9
2250	2.0	2.8	3.7	4.2	4.5	4.6
2500	1.9	2.6	3.5	4.0	4.3	4.4
3000	1.7	2.4	3.2	3.6	3.9	4.0
3250	1.7	2.3	3.1	3.5	3.7	3.8
3500	1.6	2.2	2.9	3.4	3.6	3.7
3750	1.5	2.1	2.8	3.3	3.5	3.6
4000	1.5	2.1	2.8	3.2	3.4	3.4
4250	1.5	2.0	2.7	3.1	3.3	3.3
4500	1.4	1.9	2.6	3.0	3.2	3.2
5000	1.3	1.8	2.5	2.8	3.0	3.1
5250	1.3	1.8	2.4	2.8	2.9	3.0

TABLE 3

EXPECTED ACCURACY OF PERCENT FOR THE BLACK SAMPLE (95% LEVEL OF CONFIDENCE)

Sample Size (Weighted)	MAGNITUDE OF OBSERVED PERCENT "ACCURACY RANGE" ± PERCENT SHOWN					
	.05% .95%	.10% .90%	.20% .80%	.30% .70%	.40% .60%	.50% .50%
50	8.3	11.4	15.3	17.5	18.7	19.1
100	5.9	8.1	10.8	12.4	13.2	13.5
150	4.8	6.6	8.8	10.1	10.8	11.0
200	4.2	5.7	7.6	8.7	9.3	9.5
250	3.7	5.1	6.8	7.8	8.4	8.5
300	3.4	4.7	6.2	7.1	7.6	7.8
350	3.1	4.3	5.8	6.6	7.1	7.2
400	2.9	4.0	5.4	6.2	6.6	6.7
450	2.8	3.8	5.1	5.8	6.2	6.4
500	2.6	3.6	4.8	5.5	5.9	6.0

TABLE A-1: Response and Non-Response Rates for Screening Sample

Screening Sample	1962		1975[b]	
	N	%	N	%
Number of addresses or households selected	13,293	100.0	13,242	100.0
Number of screening interviews completed	12,005	90.3	12,957	97.8
Number of refusals, non-contacts, etc.	1,288[a]	9.7	285	2.1

[a]A few segments, including an Indian reservation, were not assigned for screening.

[b]The N of cases for 1975 is unweighted as presented in this table.

TABLE A-2: Response and Non-Response Rates for Eligible Sample: 1975 (Weighted Data)

Eligible Sample	Conservative Rates[a]			
	N	%	N	%
Total individuals aged 65 and over	7660	100.0	7531	100.0
Interviews completed	5756	75.1	5756	76.4
Proxy interviews	261	3.4	261	3.5
Refusals, noncontacts, etc.	1643	21.4	1514	20.1

[a]The base includes 128 households (weighted) in which at least one eligible person aged 65 and over was thought to live.

TABLE A-3: Characteristics of Respondents and Non-Respondents: Conservative Estimates

Characteristics	1962 Total Located N	1962 Total Located %	1962 Respondents N	1962 Respondents %	1962 Non-Respondents[a] N	1962 Non-Respondents %	1975 Total Located N	1975 Total Located %	1975 Respondents N	1975 Respondents %	1975 Non-Respondents N	1975 Non-Respondents %
Sex												
Male	1220	45	1081	44	139	47	3070	40	2315	40	755	40
Female	1519	55	1361	56	158	53	4484	58	3441	60	1043	55
No answer	0	0	0	0	0	0	105	1	0	0	105	6
Marital Status												
Married	1487	54	1335	55	152	51	3925	51	3006	52	919	48
Unmarried	1222	45	1107	45	115	39	3563	46	2750	48	813	43
Single, never married	126	5	116	5	10	3	---[d]	---	303	5	---[d]	---
Widowed, divorced, separated	1096	40	991	40	105	36	---[d]	---	2447	42	---[d]	---
No answer	30	1	0	0	30	10	172	2	0	0	172	9
Age												
65-69	973	36	914	37	59	20	2508	33	2125	37	383	20
70-74	825	30	770	32	55	19	1853	24	1610	28	243	13
75-79	441	16	408	17	33	11	1163	15	1015	18	148	8
80-84	270	10	233	10	37	12	765	10	652	11	113	6
85+	140	5	104	4	36	12	393	5	352	6	41	2
No answer but 65+	90	3	13	*	77	26	978	13	0	0	978	51
Race												
White	---[c]	---	---[c]	---	---[c]	---	6039	79	5267	92	772	40
Black	---	---	---	---	---	---	545	7	464	8	81	4
Other	---	---	---	---	---	---	25	*	11	*	14	1
No answer	---	---	---	---	---	---	1051	14	14	*	1037	54
Household Composition												
Alone	553	20	526	22	27	9	2342	31	1827	32	515	27
With others, including spouse	2157	79	1916	78	241	81	5146	67	3929	68	1217	64
No answer	29	1	0	0	29	10	172	2	0	0	172	9
N =[b]	(2739)		(2442)		(297)		(7660)		(5756)		(1904)	

TABLE A- 3: Characteristics of Respondents : Conservative Estimates (continued)

*Less than 1% after rounding.

[a]Includes proxy interviews and noncontacts.

[b]The N of cases for 1962 is unweighted; the N of cases for 1975 is weighted.

[c]Not reported in 1962.

[d]Not reported in 1975.

TABLE A-4: Comparison of Respondents and Official Estimates of the Population

Characteristics	1962 Responding Sample	1962 Official Estimates[a]	1975 Responding Sample	1975 Official Estimates[b]
Sex				
Male	44.3	44.6	40.2	41.9
Female	55.7	55.4	59.8	58.1
Age				
65-69	37.4	36.2	36.9	34.8
70-74	31.5	28.9	28.0	27.1
75-79	16.7	19.1	17.6	19.1
80-84	9.6	10.1	11.3	11.4
85+	4.3	5.7	6.1	7.5
No answer	0.5	0	0	0
TOTAL	100.0	100.0	100.0	100.0
N =[c]	(2442)	(17,308,000)	(5756)	(20,065,502)

[a] U.S. Bureau of the Census, Current Population Reports, Population Estimates, Estimates of the Population of the United States by Age, Color, and Sex, July 1, 1950 to 1962, Series P-25, No. 265 (May, 1963), Table 1, p.11 (Washington, D.C.: U.S. Government Printing Office, 1963).

[b] U.S. Bureau of the Census, Census of the Population: 1970, Volume 1, Characteristics of the Population, Part 1, United States Summary, Section 1, Table 52, pp. 269--270 (Washington, D.C.: U.S. Government Printing Office, 1970).

[c] The N of cases for the 1962 respondent sample is unweighted; the N of cases for the 1975 respondent sample is weighted.

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